

# Pictorial essay of hysterosalpingography

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## Abstract

Hysterosalpingography was main investigation in pre USG and pre MRI era in the treatment of infertility. Even now it is still one of the important investigation in the treatment of infertility. We present the many appearances of uterus – Normal and Abnormal as seen on Hysterosalpingography.

**Keywords:** Hysterosalpingography, Uterine malformation, Fallopian tube and patency.

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## INTRODUCTION

Examination of uterus & its adnexa by HSG is not a new procedure, although many variations of technique have been described since Semenov first outlined the uterus with Lugol's Iodine in 1909. HSG has gradually become accepted as valuable and often essential part of investigation of various gynaecological conditions. We present the spectrum of appearances of Uterus and Adnexa as seen on Hysterosalpingography.



Figure 1



Figure 2



Figure 3



Figure 4



Figure 5



Figure 6



Figure 7



Figure 8



Figure 9



Figure 10



Figure 11



Figure 12



Figure 13



Figure 14



Figure 15



Figure 16



Figure 17



Figure 18

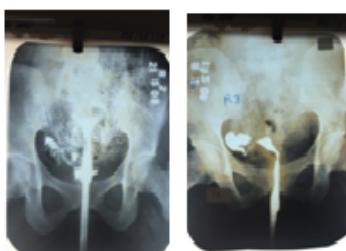


Figure 19



Figure 20



Figure 21



Figure 22



Figure 23



Figure 24



Figure 25



Figure 26



Figure 27



Figure 28



Figure 29



Figure 30



Figure 31



Figure 32



Figure 33



Figure 34



Figure 35

**Figure 1:** Normal HSG

**Figure 2:** Small size uterus with B/L tubal block mid portion .

**Figure 3:** Bicornuate uterus with contracted cavities likely due to Koch's with B/L hydrosalpinx with venous intravasatio. Bicornuate Uterus with both tube patent

**Figure 4:** Arcuate shaped uterus with tubes are pulled upwards due to pelvic adhesions

**Figure 5:** Unicornuate uterus with proximal tubal block

**Figure 6:** Unicornuate uterus with mid portion block

**Figure 7:** Large size uterus with fibroid impression on right side

**Figure 8:** Bicornuate uterus with right fimbrial hydrosalpinx

**Figure 9:** Bicornuate uterus with B/L inflammatory changes in both lobes

**Figure 10:** B/L tubal block with venous intravasation

**Figure 11:** B/L tubal block

**Figure 12:** Small fibroid impression over the endometrial cavity with left tube pulled upward due to fibrosis

**Figure 13:** Uterus normal with fecolith shadow behind the uterus

**Figure 14:** Fecolith

**Figure 15:** Contracted uterine cavity with right hydrosalpinx left tube not filled up

**Figure 16:** Bilateral cornual block

**Figure 17:** Arcuate shaped uterus with left tube pulled upward

**Figure 18:** Normal HSG with cloth artifact (jury of Dupatta)

**Figure 19:** Right hydrosalpinx with left cornual block Left cornual block

**Figure 20:** Left Hydrosalpinx with Right cornual block

**Figure 21:** B/L Hydrosalpinx with impression over right uterine border

**Figure 22:** B/L Hydrosalpinx with block

**Figure 23:** Arcuate shaped uterus with left cornual block

**Figure 24:** B/L Hydrosalpinx-tuberculosis

**Figure 25:** Left ovarian cyst tube encircling over the cyst.right fimbrial block

**Figure 26:** Bicornuate uterus both cavities not well filled with tubal block

**Figure 27:** K/C/O Anti koch's treatment still complete tube blocks.

**Figure 28:** Bicornuate uterus with both tubes patent

**Figure 29:** Bicornuate uterus with both tube pulled upwards

**Figure 30:** Unicornuate uterus with tubal block

**Figure 31:** Unicornuate uterus and contrast going behind the ascending colon

**Figure 32:** B/L Fimbrial block with venous intravasation

**Figure 33:** Sub mucous small fibroid impression at the fundus with B/L tubal block

**Figure 34:** Normal HSG with arcuate uterus.

**Figure 35:** Normal HSG with arcuate uterus

## CONCLUSION

With the advent of newer modalities of imaging as well as the various types of scopes, is it the time to think twice the role and relevance of HSG as a routine investigation of infertility? We feel that if properly performed it is still a very useful investigation as far as infertility is concerned. It is safe & can be easily performed. A proper attention to technique will help make HSG a vital component in routine infertility investigation.

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