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Case Report

False Positive Bilateral Tubal Block on Hysterosalpingography and Psycho-Cultural Impact on Male Factor Infertility

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Abstract

Mrs IB presented with 20 years history of inability to conceive despite having regular unprotected, satisfactory intercourse whenever husband comes for vacation. She had a month's history of vaginal discharge with no other associated symptom. She is married to a 56 year old man in a polygamous marriage. Madame IB's co-wife has 5 children and her last child birth was 20 years ago.

She has a regular monthly cycle with flow lasting for 3-4 days, no history of contraceptive use or previous miscarriage.

She has been in and out of several health centers with HSG report of bilateral tubal blockage. The husband never did semen analysis on his previous visits as he believed he was normal until four months ago when the couple came to our center. Laparoscopy and chromopertubation was performed which demonstrated bilateral tubal patency with spillage of dyes into the pouch of Douglas. There were neither adhesions nor ovarian pathology. The semen analysis was found to have severe Oligo-astheno-teratozoospermia.

Holistic evaluation of infertile couple is always recommended. Isolated incomplete evaluation based on assumptions of previous fertile episodes should be discouraged in our practice. Male factor infertility is common the psycho-cultural impact if not addressed may lead to prolong duration of infertility and delays appropriate treatment.

Keywords: HSG; False Positive; Laparoscopy and Dye Test; Male Infertility

Introduction

In the primary evaluation of Subfertile couple is recommended that both are seen together and also at different times individually to thoroughly assess the cause of subfertility [1]. However, in our settings male folk will always look for a reason to avoid first and subsequent visits to fertility clinic if avoidable as the society believed that they are not responsible for the subfertility. This assumption is more profound when the male partner had children in the past.

Having children in the past is not a guarantee that things will not go wrong in future for both male and female partners seeking for fertility treatment. Therefore thorough investigation should occur for both and results interpreted to arrive at possible factors responsible for subfertility.

Investigations that are performed in the primary evaluation includes the semen analysis, hysterosalpingography (HSG) or saline sonography (SSG) or hystero-contrast-sonography (HYCOSY), a pelvic ultrasound and serum progesterone at mid-luteal phase. The result of each of these investigations will determine what happens next.

Further investigations is almost always required when HSG suggest tubal block as there is a false positive rate of 10% which may increase if tubal spasm occur during the procedure.

Sensitivity and specificity of HSG were 53% and 87% for any tubal pathology and 46% and 95% for bilateral tubal pathology. It has high specificity as a screening tool with low sensitivity; e.g. when there is no tubal block on the HSG report is almost certain that the tube is normal (high Specificity = 87 to 95%). A positive HSG which means tubal block on the HSG report is not always synonymous with tubal block (low sensitivity = 46 to 53%) [2,3].

Therefore, in this case report the female partner had to go through secondary assessment of the fallopian tube using Laparoscopic surgery which showed tubal patency. The male factor was not looked into until Tubal assessment revealed normal tubes. The essential information of this report is male folk reluctancy and socio-cultural dominancy that makes male partners in our setting avert primary investigation of subfertility evaluation [4]. This psycho-cultural fact may impact negatively on the diagnosis and treatment of infertility. The study on Gambian men regarding in-