

### Lesions of the Fallopian tubes

**CLINICAL CASE.** In the course of a hysterosalpingographic study (HSG) carried out as part of a general fertility examination, small fistulas and spiculas were seen bilaterally, lateral from the isthmus of the Fallopian tubes (fig. 7-39). This finding led us to carry out a diagnostic laparoscopy with tubal patency tests. In this examination, extra information regarding the tubes is obtained by injecting methylene blue into the uterine cavity and studying the entry of the dye to and its passage through the tubes. In this patient, the dye filled the uterine cavity quickly and gleamed through the fistulous passages of the thickened isthmus of both tubes. Only a few drops of the dye reached the fimbriae, even when high injection pressures are used. You make the diagnosis of salpingitis isthmica nodosa.

Upon further inspection of the ampullas of the tubes, you see that there is a small accessory tube at the level of the fimbrial end of the right tube (fig. 7-41).

**COMMENTARY.** Salpingitis isthmica nodosa is characterized by a kind of herniation of the endothelium of the tube into the muscular layer. This process is limited to the isthmus and frequently occurs bilaterally. It is

Figure 7-39

HSG image of the patient described above. The spiculas and fistulas at the isthmus are characteristic for salpingitis isthmica nodosa. They may also occur in post-tuberculous fallopian tube abnormalities, but are, in such cases, not restricted to the isthmus.



also known as diverticulosis tubae. Nodular hyperplasia of the muscular layer of the isthmus is characteristic of the disease. The cause of this lesion is unknown.

Although total obstruction of the lumen of the tube may occur, fertility is frequently threatened already in an earlier stage. The incidence is variable. It is seen in from 1:20 to 1:200 HSGs.

The accessory tube found in this patient is a chance finding. Although this lesion has infrequently been described in the literature and in reports of operations, those who have looked more closely for the lesion have reported frequencies of 4-6%. The more frequently recognized hydatis of Morgagni is possibly a variant of the accessory tube.

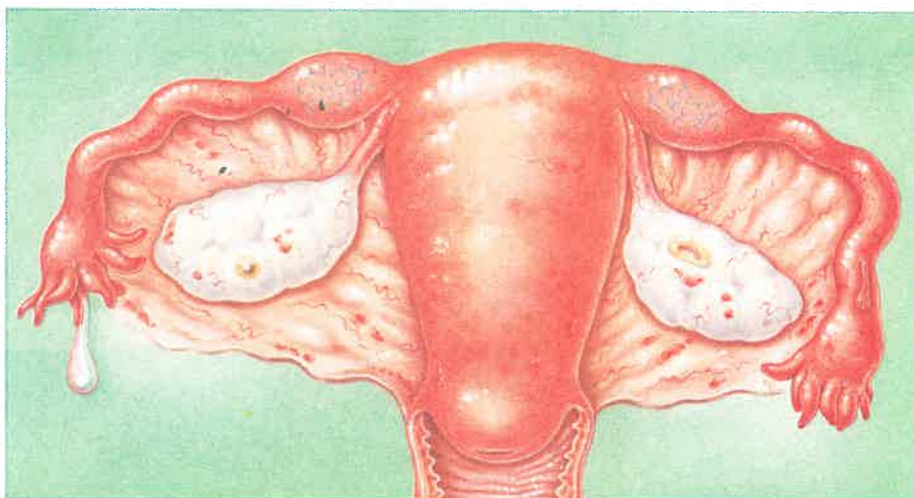


Figure 7-40

Characteristic isthmic swelling of the tube in which blue dye can be seen. The image seen here is of salpingitis isthmica nodosa.

Figure 7-41A

Longitudinal section through the isthmus. The hyperplastic muscular layer of the tube and the fistular ducts of the mucosal layer, which is invading the muscular layer, can be clearly seen.

Figure 7-41B

A small accessory tube discovered by chance in the same patient.

