

CASE PRESENTATION

SUPERVISED BY :DR. MOHAMADIZADE

RESIDENT: DR. ADELNIA

HISTORY

- 31Y, NULLIPAR, PRESENTED WITH PRIMARY INFERTILITY
- HYSTEROSALPINGOGRAPHY:

PARTIAL OBSTRUCTION OF LEFT FALLOPIAN TUBE

LEFT FALLOPIAN TUBE HYDROSALPINX

CONFIRMED BY DYE INJECTION

COLOR DOPPLER SONOGRAPHY OF THE PELVIC

- HYPOECHOGENIC MASS LESION WITH MILD VASCULARITY IS SEEN ADJACENT TO LEFT OVARY
- FALLOPIAN TUBE PATHOLOGIES INCLUDING MASS LESIONS ARE IN DDX.

LAPRASCOPIC FINDINGS

- LEFT FALLOPIAN TUBE:

ADHERANT TO PELVIC SIDE WALL

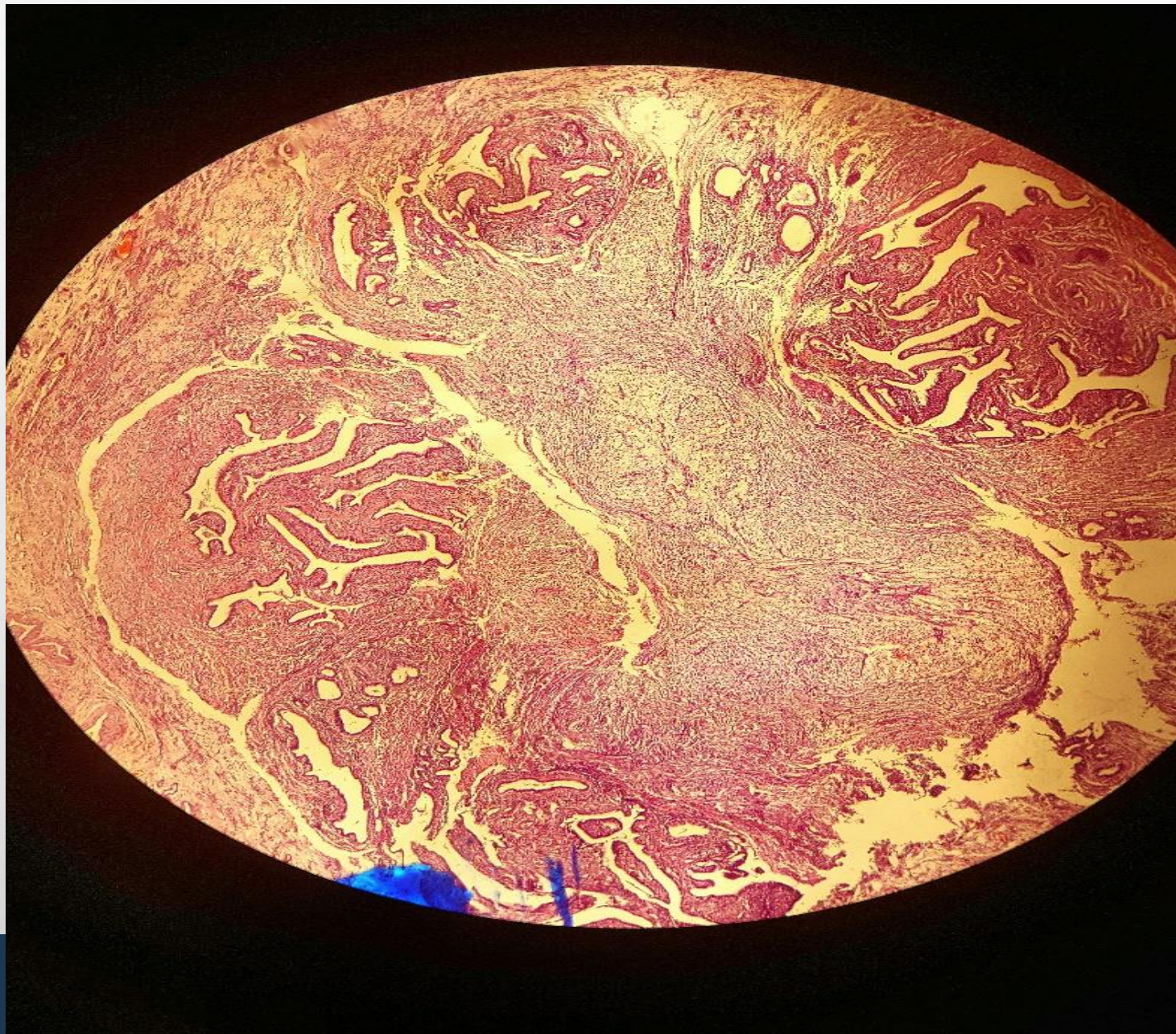
HYDROSALPINX

TORTOUS FALLOPIAN TUBE

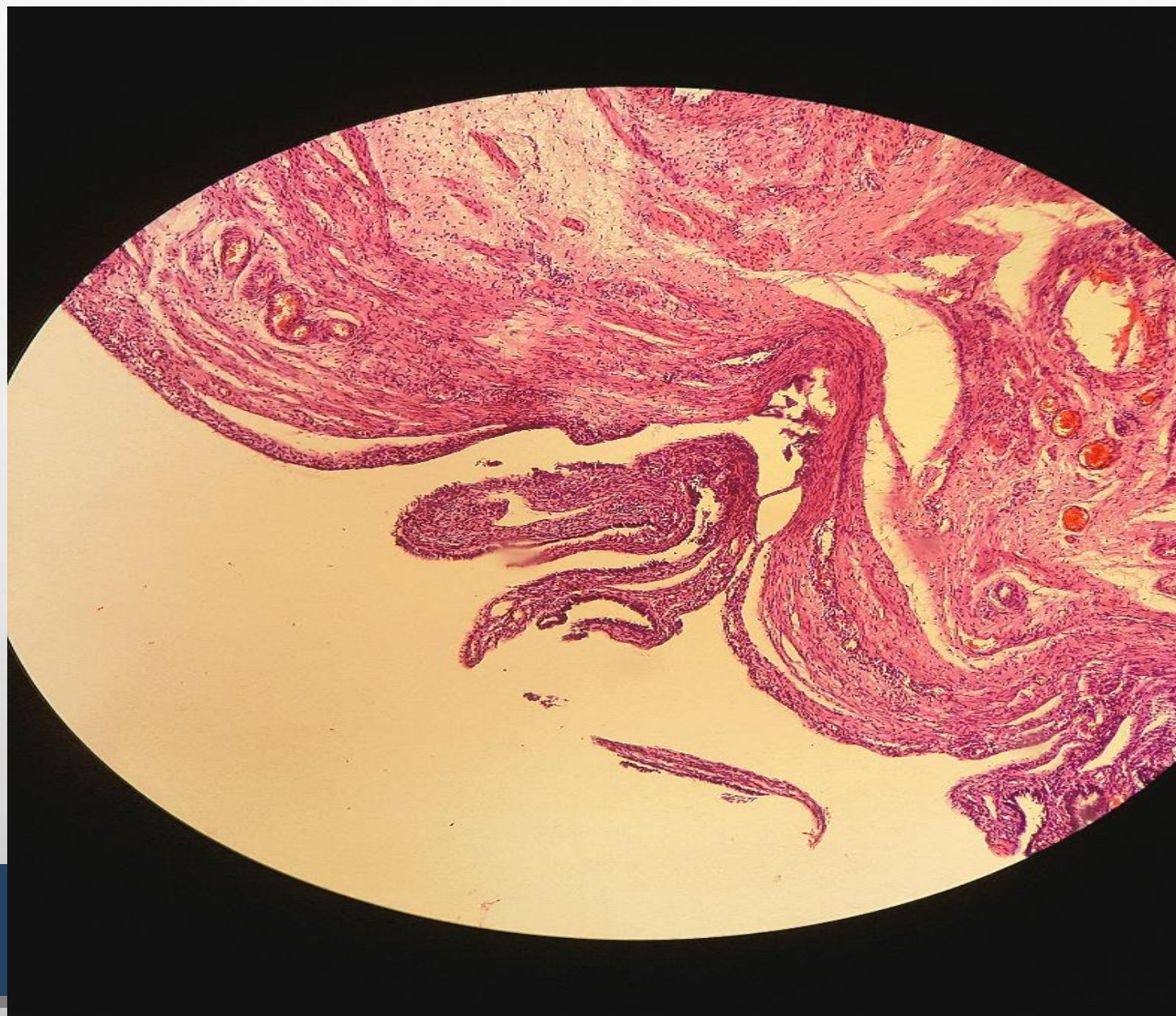
THERE IS NO SPILLED DYE IN THE LEFT TUBE THEREFORE LEFT SALPINGECTOMY WAS DONE

GROSS FINDINGS

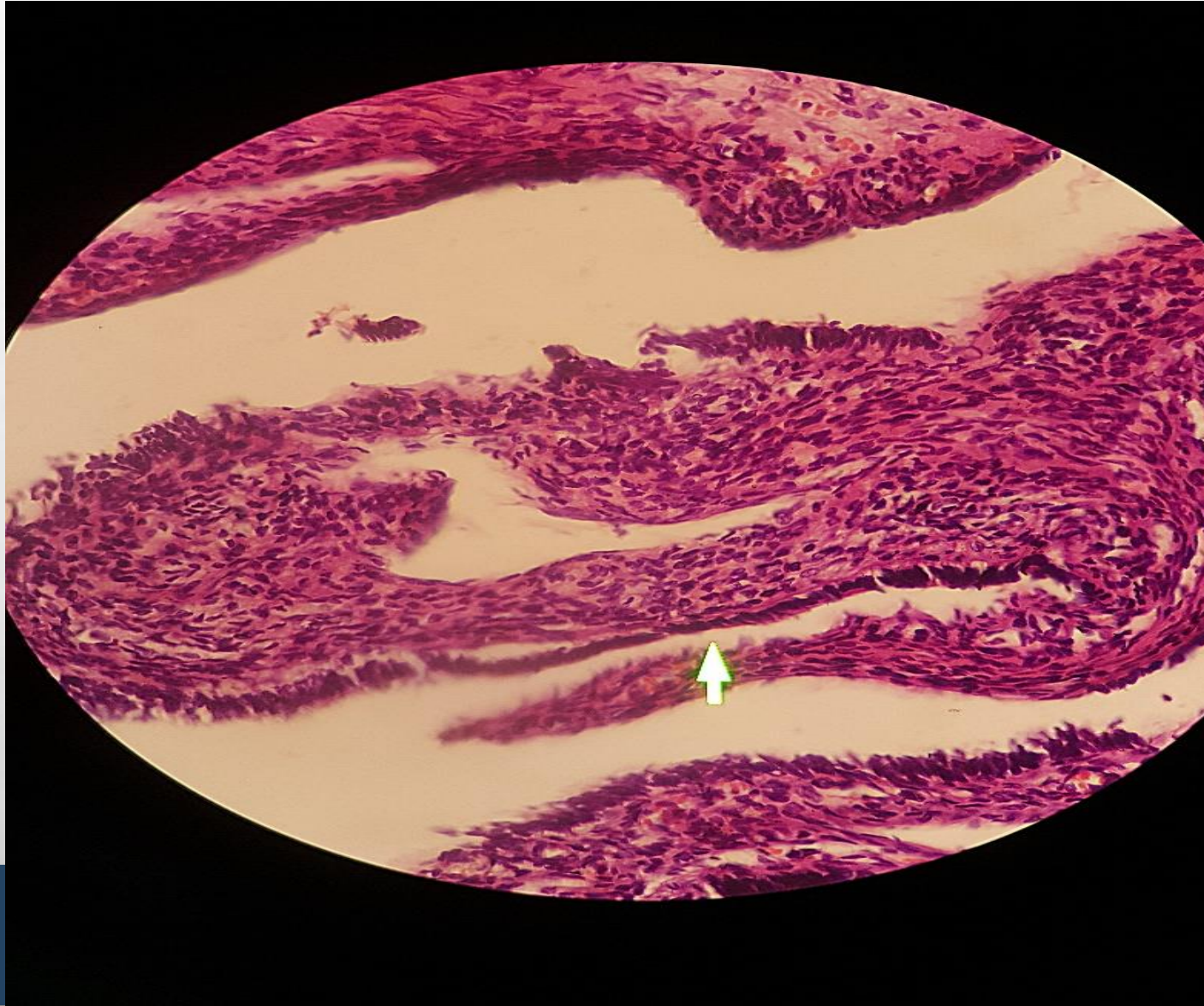
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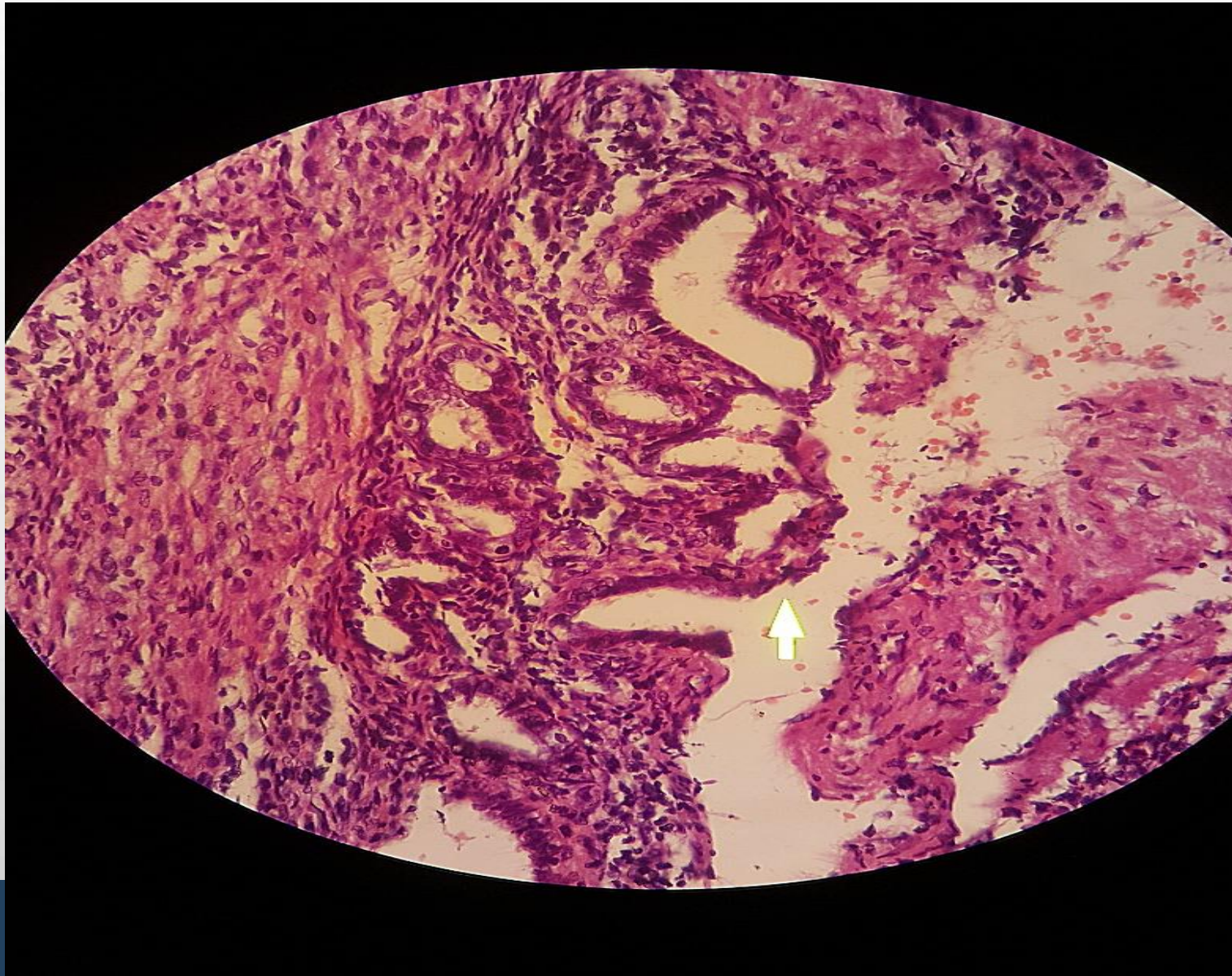
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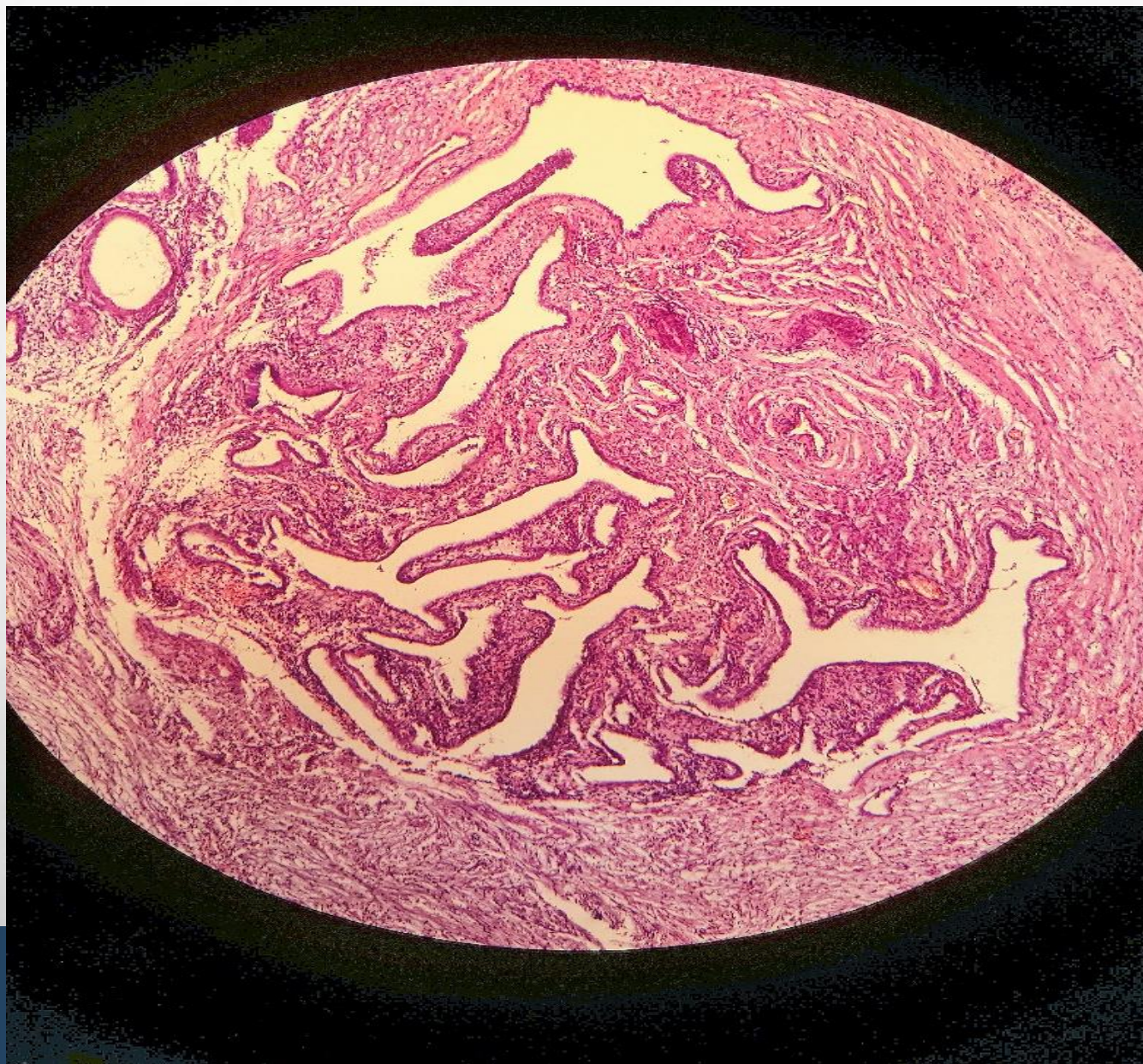
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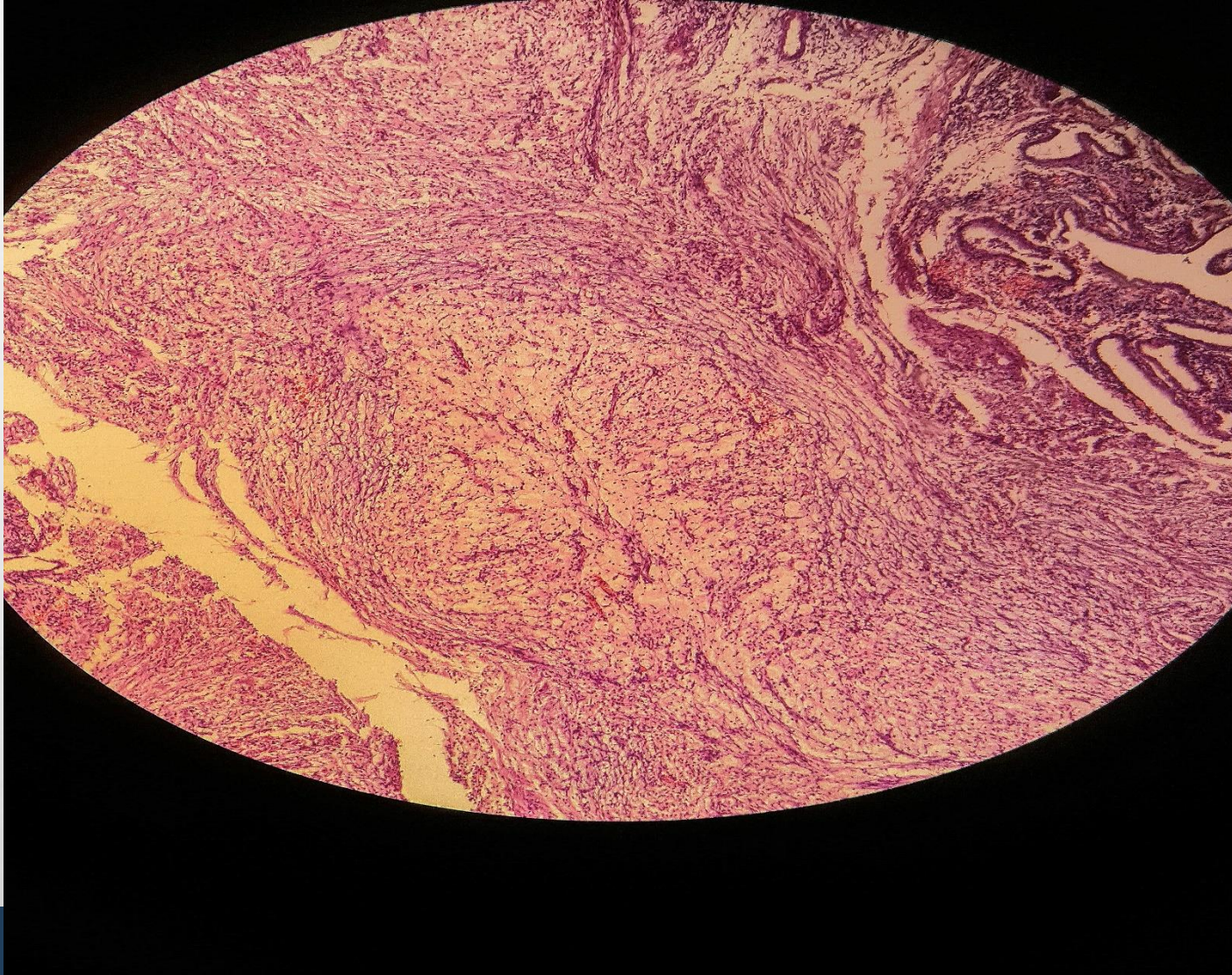
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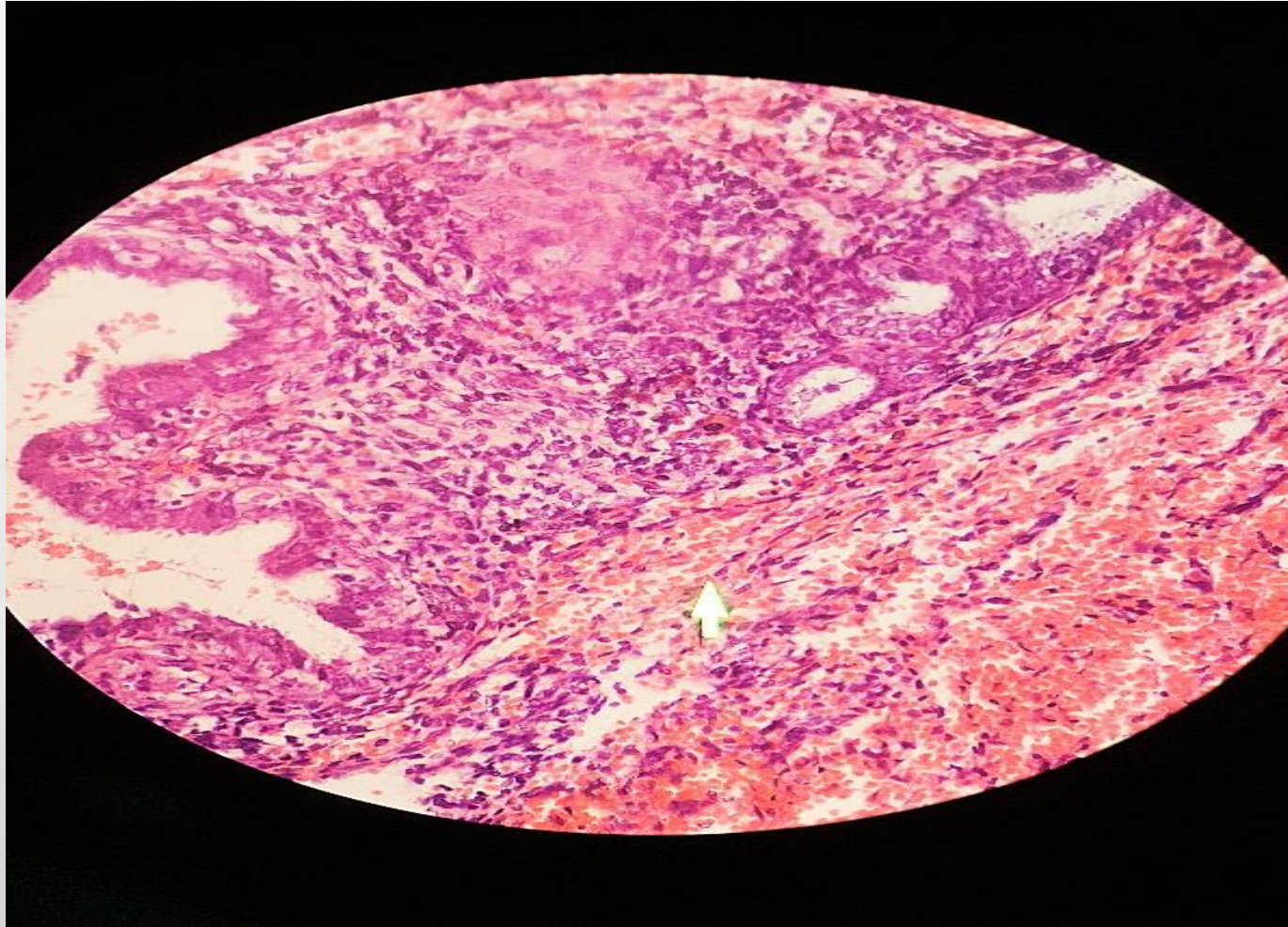
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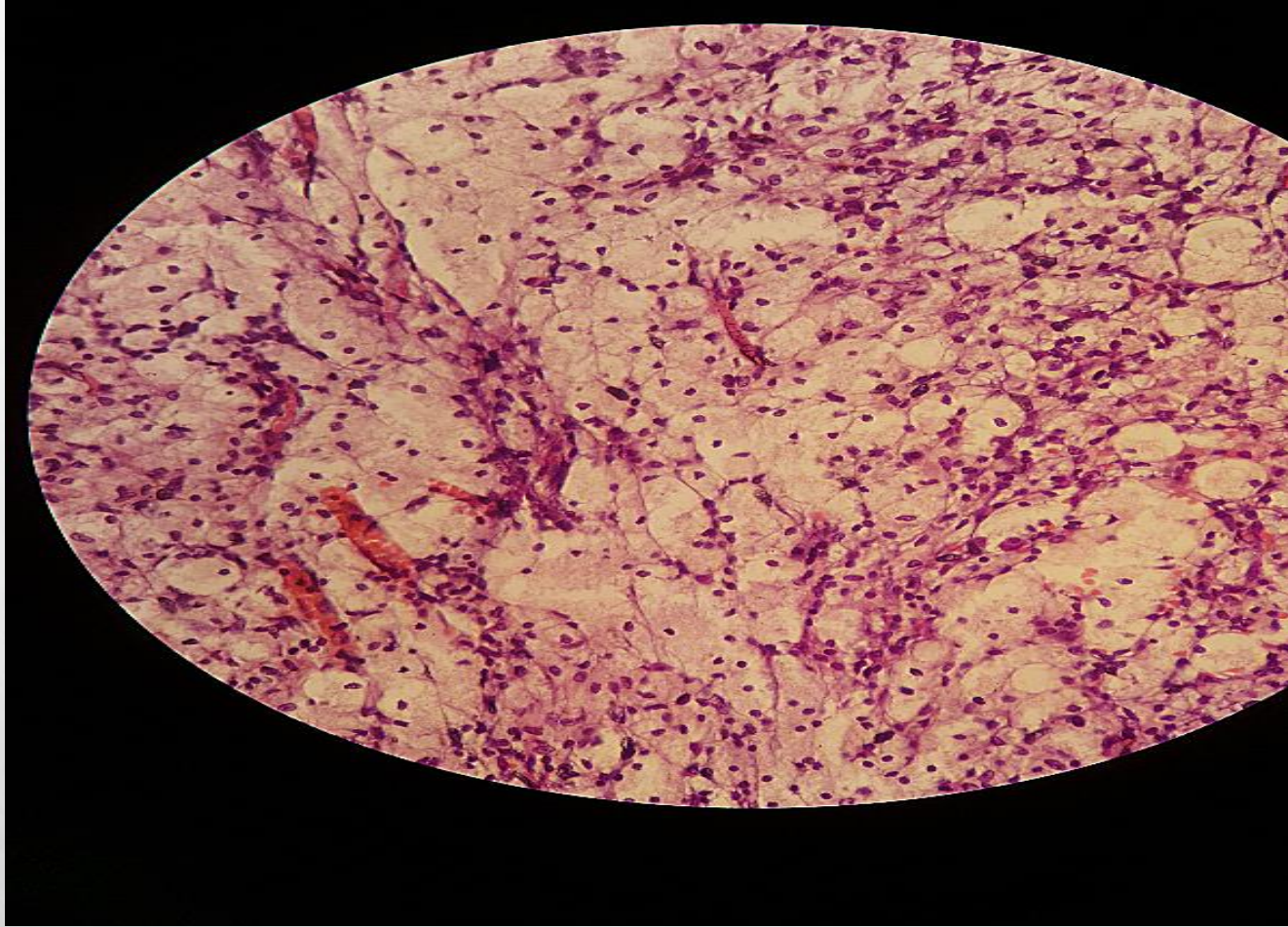
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CHRONIC SALPINGITIS

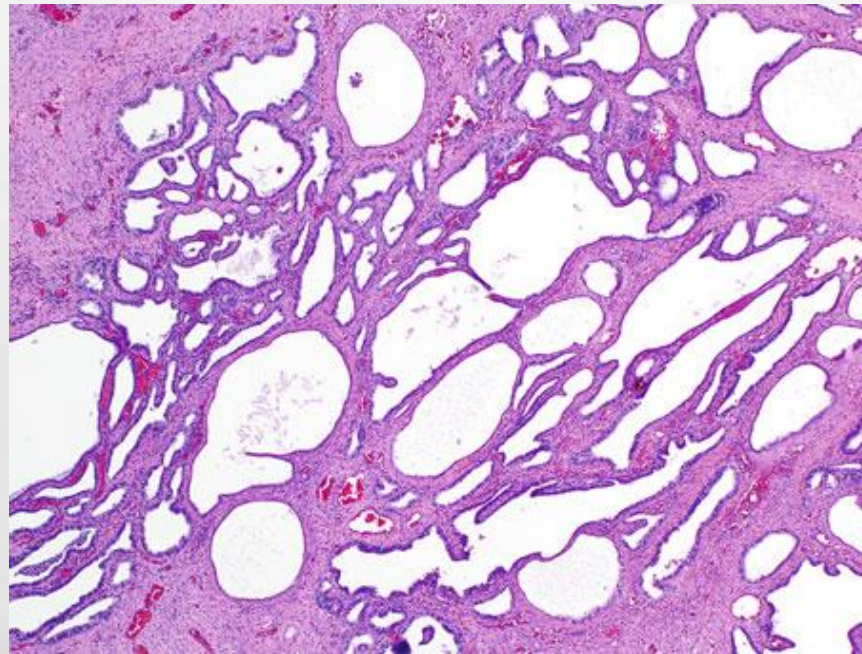
- AS A RESULT OF ACUTE SALPINGITIS,
- .CAUSES MULTIPLE TUBO-OVARIAN ADHESIONS
- MAY ALSO CAUSE OCCLUSION OF THE TUBAL OSTIUM.
- IF THE FIMBRIAE CLOSE BEFORE THE OVARY IS INVOLVED AS PART OF A TUBO-OVARIAN ABSCESS, THE INFLAMED AND DILATED TUBE CAN FORM A PYOSALPINX FULL OF ACUTE AND CHRONIC INFLAMMATORY CELLS.
- WHEN ACUTE SALPINGITIS RESOLVES, THE ACUTE AND MOST OF THE CHRONIC INFLAMMATORY CELLS GRADUALLY DISAPPEAR,
- THE PATIENT IS LEFT WITH EITHER A SEVERELY SCARRED TUBE IN THE FORM OF CHRONIC SALPINGITIS OR A HYDROSALPINX.
- C. TRACHOMATIS DNA HAS EVEN BEEN DETECTED IN FALLOPIAN TUBES IN A SUBSET OF CASES THAT CONTAINED ONLY CHRONIC SALPINGITIS
- FINDING OF CHRONIC SALPINGITIS MAY IMPLY PREVIOUS PELVIC INFLAMMATORY DISEASE IN SOME PATIENTS.

- IN CHRONIC SALPINGITIS, THE MUCOSAL PLICAE ARE OFTEN ADHERENT TO ONE ANOTHER SECONDARY TO SURFACE FIBRIN DEPOSITION FROM ACUTE SALPINGITIS. THIS MAY BE FOCAL OR EXTENSIVE. IF IT IS SEVERE ENOUGH, THE BASES OF THE FIMBRIAE MAY COALESCE IN THE CENTER WITH THE FIMBRIAE RADIATING OUTWARD, OR THE TIPS OF THE FIMBRIAE MAY ADHERE BLOCKING
- THE LUMEN AND CAUSING A BLUNTED END – THE SO-CALLED CLUBBED TUBE
- HEALING AND ORGANIZATION IN THE NON-FIMBRIATED PORTIONS OF THE TUBE ALSO LEAD TO PERMANENT BRIDGING BETWEEN FOLDS. CLASSICALLY, THIS RESULTS IN SO-CALLED FOLLICULAR SALPINGITIS

THE FIMBRIATED END IS CLOSED BECAUSE OF FIMBRIAL ADHESIONS, CREATING A BLUNTED END



FOLLICULAR SALPINGITIS. THE PLICAE ARE ADHERENT TO ONE ANOTHER, CREATING FOLLICLE-LIKE SPACES IN THE SETTING OF CHRONIC SALPINGITIS



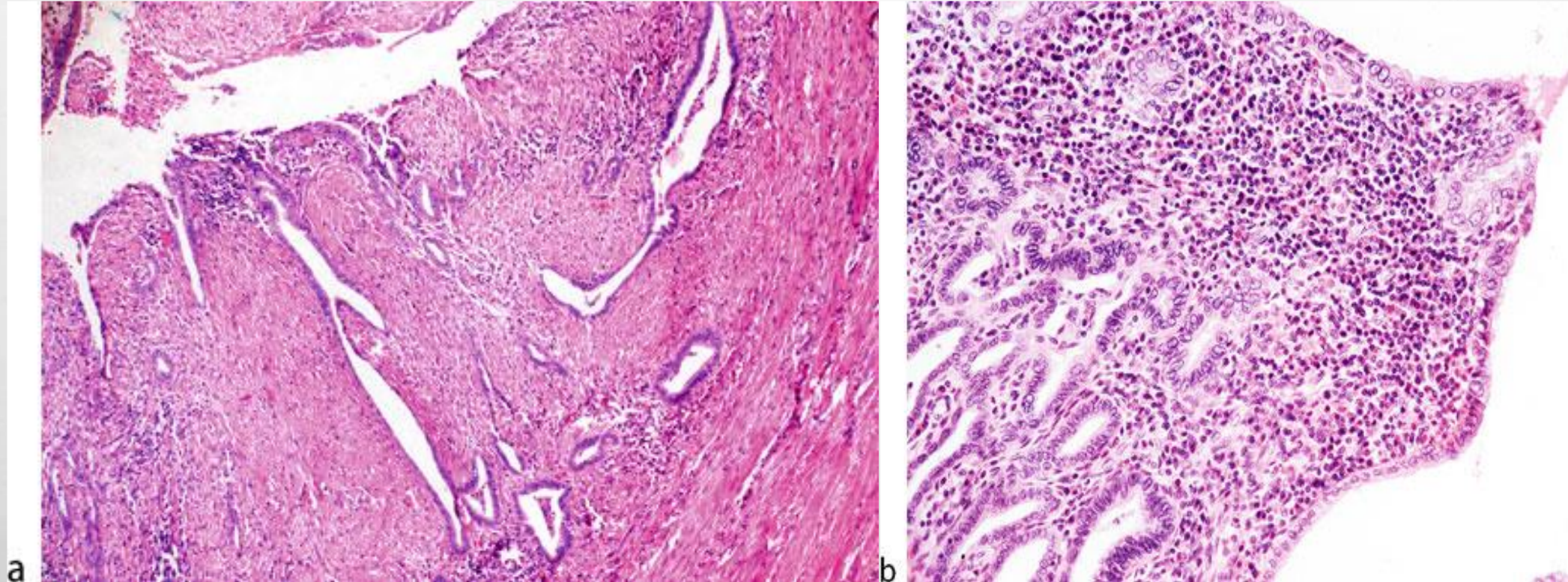
HOWEVER, THAT TERM IS A MISNOMER AS IT SUGGESTS A PATTERN OF INFLAMMATION CHARACTERIZED BY LYMPHOID FOLLICLES. IN CHRONIC SALPINGITIS, PLICAE MAY RETAIN MUCH OF THEIR SIZE AND SHAPE, BUT PLASMA CELLS, LYMPHOCYTES, OR BOTH ARE STILL PRESENT IN THE MUCOSA (>FIG. 11.24).

OFTEN THE HEIGHT OF THE FOLDS APPEARS REDUCED, AND THE PLICAE MAY BECOME BLUNTED AND HAVE FIBROUS STROMA. THEREFORE, THE ONCE ORDERLY PATTERN OF THE MUCOSA BECOMES DISTORTED. THE MUCOSA MAY ALSO BE HYPERPLASTIC.

HYDROSALPINX

A) FIBROTIC AND BLUNTED PLICAE.

B) THE DISTORTED PLICAE SHOW THE LAMINA PROPRIA FILLED WITH LYMPHOCYTES AND PLASMA CELLS



GRANULOMATOUS/HISTIOCYTIC SALPINGITIS AND FOREIGN BODIES

CAN BE INFECTIOUS

OR NON INFECTIOUS DUE TO MICROSCOPIC FOREIGN BODIES

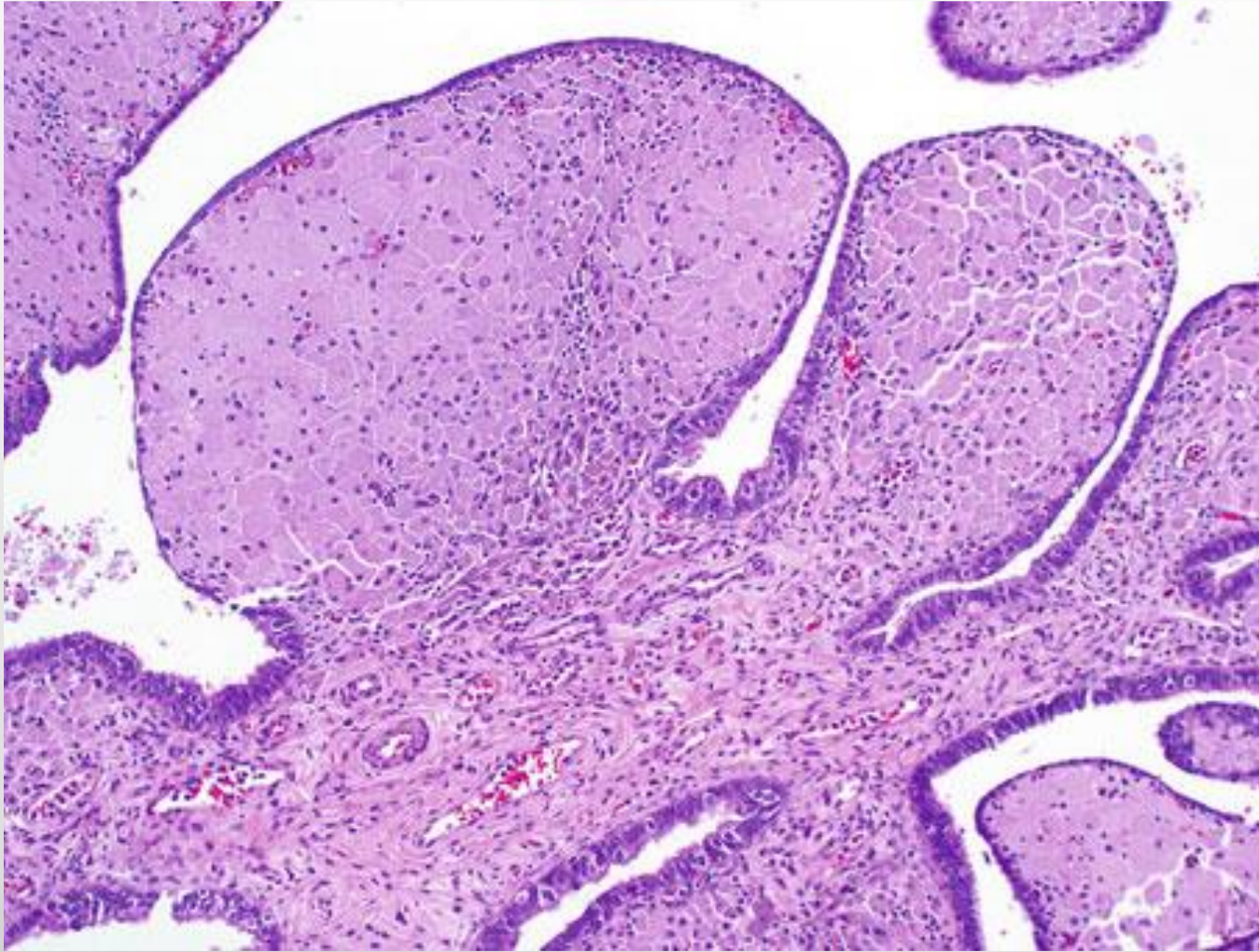
PSEUDOXANTHOMATOUS/XANTHOGRANULOMATOUS SALPINGITIS

- PSEUDOXANTHOMATOUS SALPINGITIS (VARIABLY REFERRED TO AS “PIGMENTOSIS TUBAE”)
- CHARACTERIZED BY LIPOFUSCIN- AND HEMOSIDERIN-LADEN MACROPHAGES WITHIN THE LAMINA PROPRIA OF THE MUCOSA OF THE FALLOPIAN TUBE, AND IS ASSOCIATED WITH ENDOMETRIOSIS

- GROSS:THE TUBES : ENLARGED AND EDEMATOUS, WITH THE MUCOSA HAVING A DARK BROWN POLYPOID GROSS APPEARANCE
- ASSOCIATION WITH ENDOMETRIOSIS, OR RESULT FROM SALPINGITIS WITH ASSOCIATED BLEEDING
- PSEUDOXANTHOMATOUS SALPINGITIS SHOULD BE DISTINGUISHED FROM XANTHOGRANULOMATOUS SALPINGITIS BECAUSE OF THE LATTER'S ASSOCIATION WITH PELVIC INFLAMMATORY DISEASE AND LACK OF ASSOCIATION WITH ENDOMETRIOSIS

XANTHOGRANULOMATOUS SALPINGITIS

- MUCOSA IS USUALLY GROSSLY YELLOW AND PURULENT,
- MACROPHAGES WHICH ARE FOAMY (AS OPPOSED TO THE DARK BROWN MACROPHAGES IN PSEUDOXANTHOMATOUS SALPINGITIS), AND OTHER
- TYPES OF INFLAMMATORY CELLS, INCLUDING MULTINUCLEATED GIANT CELLS



PSEUDOXANTHOMATOUS SALPINGITIS.
THE PLICAE ARE EXPANDED
AND DISTORTED DUE TO SHEETS OF
HISTIOCYTES WITH EOSINOPHILIC
CYTOPLASM IN THE LAMINA
PROPRIA. THIS SHOULD NOT BE
MISTAKEN FOR DECIDUALIZATION

FINAL REPORT

ماکروسکوپی: با برچسب لوله ی فالوپ چپ: شامل لوله فالوپ که به صورت چند قطعه ارسال شده است. مجموع طول قطعات ۶ سانتی متر و قطر لوله ۱ سانتی متر است. در برش تغییر رنگ سبز ابی به علت تزریق رنگ در قسمت های مختلف لوله دیده شد.

میکروسکوپی: جزایری از استروما و غدد اندومتر در مخاط لوله دیده میشود. شواهد سالیپنژیت مزمن به صورت فیوژن چین های مخاطی لوله با ایجاد فضاهای فولیکولر، فیروز لامینا پروپریا، صفحات ماکروفاژهای کف الود و تعدادی ماکروفاژ حاوی هموسیدرین مشاهده شد.

- LEFT SALPINGECTOMY:
- TUBAL ENDOMETRIOSIS WITH FOLLICULAR AND PSEUDOXANTHOMATOUS SALPINGITIS AND TUBAL OCCLUSION