Salpingitis: laparoscopy roles

Dr AS AZUAR

We need a relevant way to diagnose ... because

Epidemiology

Public health matter

- 130,000 cases/year

- 15,000 cases of tubal infertility

- Pb linked to complications/sequelae/cost
Clinical pictures

No pathognomonic sign

- Many silent pictures ⇒ infertility-tubal sequelae
- Asymptomatic in 70% cases
- Moderate salpingitis in 30%
- Severe salpingitis in 5%

Many differential diagnosis

Westrom, STD, 99

Criteria of diagnosis

- Minimum criteria: painful palpation of uterus or adnexa
- Additional criteria: minimum criteria specificity:
anamnesis, fever, T>38.3, purulent leucorrhoea, biological inflammation
- Specific criteria: frozen section, laparoscopy

⇒ A conclusion: polymorphous pictures, reliable diagnosis difficult

Workowski, CDC, 2002

Bacteriological analysis

Swabs: vagina, endocerix, endometrium, uretra, +/- IUD

Hemocultures

Serology STD

Sexual partner analysis

⇒ Not really contributary analysis

www.anaes.fr Cohen CR, 2005
Radiological diagnosis

Endovaginal ultrasound: pyosalpinx, ovarian or Douglas Pouch abscess

Diagnosis (pachy salpinx ou hydrosalpinx)

☉ US contributary ++ in severe pictures
☉ Scanner-US contributary in differential diagnosis

We need a reliable tool to follow up because....

Evolution

• Spontaneous healing, with or without pelvic sequelae +++
• Acute complications: pelviperitonitis, septic shock, ectopic pregnancy
• Chronicity: infertility, chronic pains
☉ Unpredictable
We need a reliable tool to treat because...

**ATB**

European recommendations: fluoroquinolone-metronidazole (2006)

Probabilistic treatment, broad-spectrum active aerobic anaerobic binantibiotherapy for 21 days

In case of gonococcus, ceftriaxone IM (Rocéphine®) added

Initial surgical assessment + ATB ↓ complications of 75% [1]


So...
Laparoscopy

Gold standard: 3 indications formal
- Diagnostic doubt (atypical, differential diagnosis)
- Collection abscess on ultrasound
- Persistence of signs after 2-3 days of medical treatment

Limitations
- Anesthetic and surgical risk

Initial laparoscopy

- Routine for some indications: for the nulligeste, childbearing project or diagnostic doubt
- Controversy ++ (first means less invasive than laparoscopy)
- Laparoscopy is opposed to the tendency of Anglo-Saxon to a systematic test

Laparoscopy

Many interests
- Diagnosis: positive or differential diagnosis
- Treatment: adhesiolysis, drainage, resection, peritoneal lavage
- Prognosis: assessment of the lesions and II look

References:
- Thejls N, 2001
- Sivalingam N, 2007
- Royal College of Obstetricians and Gynaecologists, 2003
Surgical treatment

**Inspection:** Staging tubal damage, adhesions (scores)

**Bacteriological:** (ATB before if possible)

**Adhesiolysis:** conservative + Drainage pelvic collections

Excision of necrotic lesions, adnexectomy

**Peritoneal lavage:** serum hot

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Inspection

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Laparoscopic semiology

**Forms:**
Stage 1: catharrale (tubal swelling, pelvic inflammatory disease)
Stage 2: adhesions, pachysalpinx
Stage 3: pelvic collections (pyosalpinx, abscess complex adnexal)
FHC syndrome

⇒ DD
Stage I-catharrale

False membranes-necrosis

Laparoscopic semiology

Forms:
Stage 1: catharrale (tubal swelling, pelvic inflammatory disease)
Stage 2: adhesions, pachysalpinx
Stage 3: pelvic collections (pyosalpinx, abscess complex adnexal)
FHC syndrome

DD
Stage II-Pachysalpinx

Laparoscopic semiology

**Forms:**

Stage 1: catharrale (tubal swelling, pelvic inflammatory disease)
Stage 2: adhesions, pachysalpinx
Stage 3: pelvic collections (pyosalpinx, abscess complex adnexal)

FHC syndrome

DD

Stage III-Pyosalpinx
Stage III-Pyosalpinx

Laparoscopic semiology

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FHC
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DD

Differential diagnosis

Sampling
Surgical treatment

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**Peritoneal lavage:** serum hot

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Adhesiolysis

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Surgical treatment

**Inspection:** Staging tubal damage, adhesions (scores)

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Excision of necrotic lesions, adnexectomy

**Peritoneal lavage:** serum hot

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Surgical treatment

Excision (salpingectomy) or salpingotomy-flattening?

Retrospective 60 adnexal abscesses:
- 25 incisions, drainage
- Salpingectomy or adnexectomy 35

Success Rate Same


Surgical treatment

Inspection: Staging tubal damage, adhesions (scores)

Bacteriological: ATB before if possible

Adhesiolysis: conservative + Drainage pelvic collections

Excision of necrotic lesions, adnexectomy

Peritoneal lavage: serum hot

Il look: goals
When

Indications:

• Young patients
• Desire further pregnancies
• Severe salpingitis
• Residual pain


When and What for

3 to 6 months after the initial episode

Actions to achieve:

Adhesiolysis

Tubal assessment and surgery: - distal tubal surgery for stages 1-2
- IVF for stages 3-4


Indications and goals

• ++ Interest in severe pictures
• Bilateral tubal occlusion treated: 10% mild salpingitis, 20% and 32% moderate-severe
• Adhesions were removed in 38% of cases
• In the absence of II look systematic interventions for infertility or pelvic pain in 11.6%

CONCLUSIONS

• Diagnosis recovered
• Inspection, assessment of the lesions
• Potentiation-adaptation ATB
• Improved prognosis