

P5 Ectopic pregnancy of oocyte intrauterine transfer –A case report–

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Objectives: Oocyte intrauterine transfer (OUT) is a new unique method, however the basic mechanism and successful rate are still uncertain.

Materials and Methods: A 33-year-old woman visited our clinic by the complaint of wish for baby. She has married for three years and her husband has three children of forewife. Her hysterosalpingography showed peritubal tube atresia. The serum levels of gonadotropins and prolactin at the second menstruation cycle day were normal level. Her husband rejected the check of his sperm condition, however, the Huenher test was very good condition. She received transvaginal hydrolaparoscopy. The result also showed peritubal tube atresia by chlamydia infection. The couple was received the method of oocyte intrauterine transfer after the informed consent. She received of controlled ovarian hyperstimulation with short administration of gonadotropin releasing hormone agonist. The dormant follicle diameter was about 20 mm, she was administrated 5000 IU human chorionic gonadotropin at 35 hours before retrieve of oocytes. Eight of oocytes were retrieved and cultured for 5 hours in fertilization medium (Quinn, Australia) with 5% CO₂ and 80% Nitrogen gases at 37°C. Three of the retrieved oocytes were intrauterine transferred by Ficon ET catheter. Fourteen days after OUT, she complained with blood show. The serum level of hCG was 333 mIU/ml. Twenty one days after OUT, the serum level of hCG was 1800 mIU/ml, however, the gestational sac was not observed in her uterus. For two weeks she had complaint of blood show without any ascites. A cystic mass shadow was detected in her right adnexal organ (Fig 3). She was received laparotomy on the diagnosis of ectopic pregnancy at right fallopian tube. At the laparotomy, the black-red dark swelling tube at right side of the uterus was observed and resected. The resected tissue was diagnosed ectopic pregnancy of right fallopian tube with observation of chorionic villi. The serum hCG level was reduced under 2.0 mIU/ml 2-weeks after surgery.

Results and Conclusions: Infertility mechanism of this case was tubal dysfunction. The presented case was unfortunately unsatisfied, but had great suggestion. On OUT method, it was still uncertain where the transferred oocyte gameted with sperm. By the contrast, it is wellknown that the high incidence of ectopic pregnancy was observed *in-vitro*-fertilization. The presented case showed two possibility of fertilization; one is the gamete in uterine cavity and the other is in fallopian tube. The transferred oocyte moved to tube, and was gamated there. We need further study on Out method.

Key words: OUT method, Ectopic pregnancy, THL-F, Tubal function, Gamete

P6 Transvaginal hydrolaparoscopy using by feasible fiberscope

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Objectives: Since transvaginal hydrolaparoscopy (THL) was introduced as the first-line procedure in the early stage of the exploration of the adnexal structures in infertile women. As the advantages of THL using by solid scope, THL was developed as an limited indication, excluded from cases with retroverted uterus or peritoneal surgical history. In the present study, THL using by fiberscope (THL-F) was carried out in infertile women with retroverted uterus, and the surgical history of peritoneal cavity as the feasible characteristics.

Materials and Methods: THL-F was performed under general anesthesia in the lithotomy position. After disinfection, a Hy-cath (Sumitomo Bakelite Co. Ltd, Tokyo, Japan) was inserted into the uterine cavity for the use of chromotubation. The uterine cervix lifted with a tenaculum placed on the posterior lip. Tubo-ovarian structures and tubal passage were investigated using feasible endoscope (Mochida Co, Tokyo, Japan). Approximately 500 ml saline was instilled in the pouch of Douglas through a Hy-cath. A 5.5-mm endoscope was inserted by a stab incision in the posterior fornix, then the endoscope was used with a flow channel attached to a 3 CCD digital video camera. The saline irrigation was continued through the procedure to keep the bowel and tubo-ovarian structures afloat. The posterior of the uterus and the tubo-ovarian structures were carefully observed, and tubal passage using indigocarmine was confirmed.

Results: A total 7 women was enrolled into our study. Among them, 2 cases had history of operation in peritoneal cavity and one case was retroverted uterus. None of them had access failure or serious side effect. Six cases had serious findings of fertility. Five of 6 cases had determination to IVF program and successful treatment after IVF.

Conclusions: THL-F appears to be more safety and expanded to operative indications such as retroverted uterus and peritoneal surgery. When a complete evaluation by THL-F is available, it is a highly accurate technique in comparison with laparoscopy.

Key words: Laparoscopy, THL, feasible fiberscope, day surgery, operative indication
