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Pathological Aspect of Diseases of Fallopian Tube in our day-to-day practice

KEYWORDS

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ABSTRACT **Objective :** Study of different type of diseases of fallopian tube.

Method : 360 fallopian tube was examined grossly and histopathologically either alone or along with other female genital tract (ovary and uterus).

Result and Conclusion : 64.76% of fallopian tube was normal and 35.24% having some pathology. In these pathological fallopian tube commonest was inflammatory and second was ectopic pregnancy and least and rare was carcinoma.

Introduction :

Fallopian tube are paired structure from uterus to ovaries. It is divided into interstitial, isthmic, ampullary and infundibular. It has four coat- serous, sub-serous, muscular, tubal mucosa.

Most common pathology of fallopian tube is infection. Which cause secondary sterility due to occlusion or stenosis. In some country there is high prevelance rate of ectopic pregnancy which cause high maternal mortality rate. So, it is necessary to complete study of different type of pathology of fallopian tube diseases.

Material and Method :

360 specimen of fallopian tube was studied. Which was received as fallopian tube alone or with other genital tract organ to pathology (Histopathology Department in J. L. N. M. College, Bhagalpur). These studies was carried out from March, 2014 to January, 2017.

After grossing the tissue in our Histopathology Department slide was prepared and stained with H & E stain.

Result :

Three hundred sixty specimen with different gynaecological lesion was studied among which majority of these are uterine leiomyoma (102/360) or AUB (Abnormal Uterine Bleeding) (82/360). Most of the cases are having the age group of 32-44 years.

Tubal pathology occur in 35.24% of cases (126/360). In these tubal pathology Salpingitis & hydrosalpinx is most common. Morphologically Salpingitis is characterized by blockage of distal end of tube by exudate & lumina was dilated.

Microscopically there is oedema & acute inflammatory cells infiltrations to the mucosa.

Hydrosalpinx – tube is thin walled, dilated & filled with clear watery fluid.

The incidence salpingitis and hydrosalpinx is 20.2% (72/360).

The age group is 19-28 years.

Some of the cases is misdiagnosed as acute appendicitis.

In chronic case there is infiltration of lymphocytes in stroma with fibrous adhesion.

In tuberculous Salpingitis it is almost always secondary.

Grossly tube is dilated and fimbrial end is patent tubal peritonium is studded with yellowish tubercle.

Microscopically typical granuloma (caseating) & chronic inflammatory cells were present.

The next group was ectopic pregnancy with rate 10% (36/360). Five of which having H/O salpingitis, anomalies of uterus & suture granuloma, ampulla was the commonest site, which rupture and cause intraperitoneal haemorrhage.

Paratubal cyst – small benign cyst lined by flattened epithelium (7 case).

Malignant Lesion – Only two case one is secondary and other is adenocarcinoma.

Primary adenocarcinoma occur in elderly patient and only one tube is involved & tumour is upto serosa& histologically it was well differentiated adenocarcinoma(Stage-I). Microscopically cells are pleomorphic arrange in group with scant cytoplasm and large & hyperchromatic nucleus.

Discussion :

360 cases was studied and only 35.24% having pathology. In which inflammatory lesion having most common is salphingitis (15.2%) and rest is hydrosalpinx (5%).

Tuberculous salpingis occurance rate was 1.2%.

Infertility occur in tuberculous and inflammatory salpingitis shows that there is tubal block.

Salpingitis isthmica nodosa in one case, Endmetriosis in one case having severe pain.

Next group is ectopic which is 10% of tubal pathology.

Ampulla was the commonest site & rupture is common entity, out of 36 only 34 was diagnosed clinically.

Cystic lesion- insignificant.

Primary Adenocarcinoma – clinical feature is abdominal pain, at the time of diagnosis majority of primary adenocarcinoma is of stage I type. Secondary metastatic tubal carcinoma usually comes from ovarian adenocarcinoma followed by endometrial or cervical adenocarcinoma. Secondary metastatic tumor of fallopian tube has always poor prognosis.

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