CONCLUSIONS

The present work "Pelvic Pneumo-gynacography: a radiological aid in the diagnosis of gynaecological disorders" has been conducted on 62 patients at M.L.B. Medical College, Jhansi. The following conclusions were drawn:

1. Visualisation of the pelvic organs by pelvic pneumogynacography is a simple, safe, useful and an accurate diagnostic technique.

2. No surgical procedure is required.

3. Complete anaesthesia is essential to avoid any complication for introducing the needle into the peritoneal cavity.

4. The method is harmless, easily acceptable to the patient and to the operator.

5. Using air as contrast media, no fatalities were reported.

6. Several clinical problems are presented and gynaecograms are illustrated.
7. Pneumogynaecography is useful in characterising ovarian and uterine size, identifying ovarian neoplasms and polycystic ovaries.

8. The normal variations in the size, shape, position and density of all the female pelvic organs have been analysed.

9. The procedure is of value as a complement to clinical examination, particularly in the obese or un-cooperative patients.

10. The diagnosis of Stein-Leventhal syndrome can be made with a high degree of accuracy by the combination of the appropriate clinical findings and symmetrically enlarged ovaries demonstrated by pelvic pneumography.

11. P.P.C. is a valuable method for diagnosing anomalies of the female genital tract, in cases of primary amenorrhoea, in virgins.

12. No single abdominal radiographic examination offers as much information about as many organs.

13. Pneumography and/or pneumohysterosalpingography were found to be very useful in the investigation of infertility.

14. Pneumography and/or pneumohysterosalpingography were found to be very useful in the diagnosis of fibroid uterus, ovarian tumour and ca-cervix.
15. The complications of this procedure were noted and discussed.

16. The limitations of pneumoperitoneum are outlined with emphasis on the utilization of this procedure only when indicated.

17. The major limitations of pelvic pneumography are inherent in its gross radio-anatomic nature. Neither histology nor hormonal function can be gleaned from the pneumograms.

It can be inferred that at best, P.P.G. is only an adjunct in the diagnosis of gynaecological disorders.