INTRODUCTION

During the past seventy years, there were no definite clinical or laboratory tests by which the status of the female internal genital system, i.e. uterus and ovaries could be established. Though bimanual, per vaginal, and rectal examination are helpful to reach the diagnosis but the accuracy of these examinations is limited because of the thickness of the intervening tissue in obese and un-cooperative patients, rigidity of muscles of the patients, fixation of the pelvic organs, pain and tenderness within the pelvis, inconclusiveness of the rectal examination in virgins and fixed retroposition of the pelvic organs. In such conditions, surgical procedures like laparoscopy, culdoscopy and laparotomy were the only alternative methods to establish the final diagnosis. To avoid such complicated procedures, a new simple and reliable procedure came into the radiological field termed as "Gynaecography".

"Gynaecography" or "Pelvic pneumogynaecography" comprises of roentgenographic visualisation of the structures in the female pelvis after the injection of air into peritoneal cavity which acts as a negative contrast medium, so that X-ray taken through the pelvis, demonstrate
radiographically any existing pathological process of the pelvic viscera. This type of pneumoperitoneum utilising only gas in the peritoneal cavity is referred to as the "single contrast variety". When radio-opaque dye is injected into the uterus with the gas in the peritoneal cavity, the X-ray thus obtained constitutes of second type i.e. "double contrast" pneumoperitoneum.

Stein (1958) used the term 'gynaecography' for the combination of hystero-salpingography and pneumoperitoneum. Jeffcoate (1957) and Sonham (1963) suggested that the term 'gynaecography' should be used for the pelvic pneumography alone.

Gynaecography is indicated in any case where the diagnosis is uncertain with the usual methods. It provides a permanent record of pelvic status as a whole. It is a simple, cheap, practical and rapid outdoor radiological procedure of pelvic diagnosis. It retains the special advantage of avoiding sensitivity to contrast medium and very less discomfort to the patient.

Single contrast variety pelvic pneumogynaecography is the method of choice in patients where the size of the uterus or ovaries is concerned e.g. polycystic ovaries, early uterine pregnancy, tubal pregnancy and tumours.
Developmental malformations of the uterus are best demonstrated by hysterosalpingography. Therefore, gynaecography may give all possible information regarding female genital organs, short of laparotomy.

Pneumoperitoneum can be established by different routes, viz., 1) Trans-abdominal, 2) Trans-vaginal, & (3) Trans-uterine.

The present study has been carried out by trans-abdominal route because of convenience of the procedure to the patient as well as to the operator, and less risks of complications. It is generally quicker and easier to perform. A very little experience is required to establish trans-abdominal pneumoperitoneum. This route is particularly useful when there is inaccessibility to the abdominal cavity through trans-uterine approach due to conditions like bleeding P/V, purulent cervical or vaginal discharge, virgins, vaginitis and cervicitis, cervical stenosis, tubal pregnancy and questionable adnexal diseases.