SUMMARY & CONCLUSIONS
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1. Diagnostic laparoscopy was carried out in 50 patients selected from the gynaecological out patients department and admitted in the indoor patient of the department of the obstetrics and Gynaecology, M.L.B. Medical College hospital, Jhansi.

2. Commonest indicator of performing laparoscopy was primary infertility.

3. Out of 50 patients 40 patients were of primary infertility & 10 patients were of primary Amenorrhoea.

4. It was seen that in 30% patients of primary infertility had normal looking pelvic organs. No pathology was detected.

5. On performing diagnostic laparoscopy in primary infertility most common finding was tubal block detected in 42.5% of patient.

6. Tubal block diagnosed at many times by hysterosalpingography was not present at laparoscopy so hysterosalpingography gave a false positive rate of.

7. The next most common factor behind primary infertility was pelvic adhesions (22.5)
8. Cystic ovarie was not an uncommon finding in cases of primary infertility and it was found in 10% cases.

9. Genital tuberculosis was found in 5% case of infertility. The findings included thick and beaded tubes, dense adhesions to the omentum and gut and presence of white caseaus flakes and tubercles on the surface of tubes.

10. Uterine fibromyoma were found in 5% cases.

11. Endometriosis accounted for 5% of total cases studied.

12. Hypoplastic uterus detected in 5% case also.

13. In 10 cases of primary Amenorrhoea laparoscopy was performed.

14. The Commonest cause which was responsible for primary Amenorrhoea detected to be incomplete development of Mullerian tract.

15. However second most common cause found responsible for primary Amenorrhoea in study group was ovarian agenesis.

From present study it is concluded that diagnostic laparoscopy is a simple and safe procedure. Laparoscopic visualization of pelvic organs can greatly increase the preciseness of gynaecological diagnosis.