CONCLUSION

In the present study carried out on patients of primary or secondary infertility in the Department of Obstetrics and Gynaecology, M.L.B. Medical College, Jhansi, we concluded that:

1. Tubal factor is an important cause of infertility.

2. Tubal patency can be performed by HSG and USG and the results are comparable.

3. USG is a recent technique and it does not determine the site and side of block, but it does not matter much as ovum is known to be released alternatively from each side.

4. Sonosalpingography may also be used to assess tubal status following microsurgery for remanastomosis and is clearly indicated in patients with a history of reactions to iodinated contrast material.

Advantages of USG as compared to HSG:

1. USG is superior to HSG as it is non-invasive, economical and technically simple with less false negative results.
2. Can be carried out on an out patient basis without anaesthesia.

3. There is absence of exposure to ionising radiation or risk of contrast sensitivity (anaphylaxis) in the patient.

4. Visualisation of uterine and extratubal pathology.

5. Identification of a follicle can be made.

6. Potentially safe and convenient.

**Disadvantages:**

1. Worldwide experience is too scarce.

2. Tubal patency can not be diagnosed accurately.

3. It can not be used to define tubal anatomic structure.

4. Large volume of fluid is needed for assessing tubal patency and so more patient discomfort during injection of the fluid transcervically.