SUMMARY AND CONCLUSION
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1. Diagnostic laparoscopy was carried out in 100 patients selected from the Gynaecological out patient department and admitted in the indoor patient of the Department of the Obstetrics and Gynaecology, M.L.B. Medical College Hospital, Jhansi.

2. Commonest indication of performing laparoscopy was infertility (40% of the cases).

3. Of the 40 infertile patients 75% were of primary infertility and 25% of secondary infertility.

4. 33.33% of the cases of primary infertility and 20% of the cases of secondary infertility had normal pelvic organs.

5. Tubal block was the most important factor (45%) behind primary and secondary infertility. Tubal block diagnosed, many a times, by tubal insufflation and hysterosalpingography, was not present at laparoscopy. Hysterosalpingography gave a false positive rate of 14.29%.

6. The next most common factor behind primary and secondary infertility were the pelvic adhesions (30%) and this was commoner in secondary infertility.

7. Cystic ovaries was not an uncommon finding in cases of infertility (7.5%).
8. Genital tuberculosis was found in 7.5% cases of infertility. The findings included thick and beaded tubes, dense adhesions to the omentum and gut and presence of white caseous flakes and tubercles on the surface of tubes.

9. Uterine fibromyoma, endometriosis and hypoplastic uterus each were found in 2.5% cases of infertility and all these were found in cases of primary infertility.

10. In 35% cases of chronic pelvic pain, pelvic organs were found to be normal.

11. Pelvic adhesions were the most common finding in cases of chronic pelvic pain (20%).

12. Pelvic tuberculosis was found in 10% of the cases of chronic pelvic pain.

13. Hydrosalpinx and ovarian cyst each contributed to 10% cases of chronic pelvic pain.

14. Uterine fibromyoma, simple pelvic congestion and endometriosis each were present in 5% cases of chronic pelvic pain.

15. Diagnostic laparoscopy was found to be the most useful in early diagnosis and management of the cases of ectopic gestation. 33.33% unnecessary laparotomies were avoided. Commonest site of ectopic pregnancy was ampullary region (80%) of the fallopian tube.
16. In 10 cases of primary amenorrhoea, laparoscopy was performed. Incomplete development of the Mullerian tract was the main pathology detected. Ovarian agenesis was the next most common finding in cases of primary amenorrhoea.

17. In the miscellaneous group, two patients were suspected to have double uterus which was proved correct in one case on laparoscopy. In one case, site of displaced Cu-T was disclosed by laparoscopy. Three patients were evaluated for tuboplasty by laparoscopy. Laparoscopy helped to avert unnecessary laparotomies in 33.33% cases of tuboplasty.

18. 9 patients with pelvic mass were subjected to diagnostic laparoscopy for establishing a definite diagnosis. Laparoscopy confirmed the clinical diagnosis in 44.4% cases, and provided a diagnosis which was different from that made on clinical grounds in 55.56% cases with pelvic mass.

From the 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.