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‘Flushing with lipiodol for unexplained (and endometriosis-related) subfertility by hysterosalpingography’

Sir,

In reference to the paper in the September issue of Human Reproduction (Johnson et al., 2004), it is interesting to note that lipiodol tubal flushing improved fertility rates in women with endometriosis-related unexplained infertility. In our hospital we offer lipiodol tubal flushing as a treatment option for all women with unexplained infertility. Couples who are confirmed to have unexplained infertility by biochemical investigations, laparoscopy and semen analysis are given information leaflets regarding lipiodol tubal flushing. For a period of 3 years, 18 women availed this service. Ten women had primary and eight had secondary infertility. The age range was 29–38 years, and the women had had ongoing treatment for infertility for the past 2–5 years. Five women achieved intrauterine pregnancy which was confirmed by a transvaginal ultrasound scan within 6 months of the tubal flushing. We have achieved improvement in pregnancy rates similar to this trial.

References


P.K. Jothilakshmi and A.J.S. Watson
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Reply to: ‘Flushing with lipiodol for unexplained (and endometriosis-related) subfertility by hysterosalpingography’

Sir,

I value the interest of Jothilakshmi and Watson in a fertility treatment that has quickly become a genuine alternative to the more established fertility treatments in New Zealand which is low cost, minimally invasive and highly effective in well-selected couples. In other parts of the world, it is currently unusual for lipiodol to be offered as a treatment, and, to my knowledge, Tameside is the only UK centre offering lipiodol flushing as a treatment for infertility.

I note that the treatment is being offered for unexplained infertility. In this context, presumably the majority of women do not have confirmed endometriosis. Our trial suggests that, whilst there is evidence of a beneficial effect for couples with unexplained infertility, the population that benefits most from lipiodol treatment is the group with endometriosis-related infertility where the Fallopian tubes are normal and patent (pregnancy relative risk 4.44, 95% confidence interval 1.61–12.21). It is the population with mild endometriosis (as well as those with pure unexplained infertility) for whom lipiodol flushing should be considered as a first-line fertility treatment option.

The letter from Jothilakshmi and Watson highlights a vital principle: that ongoing data collection in the context of an innovative treatment is very important, to verify the continuation of what seemed to be excellent results from lipiodol flushing in our trial. We have also continued to collect data on results from lipiodol flushing procedures, since these became widely available on an innovative treatment basis in our centre. In the first 8 months since lipiodol flushing became available following our randomized trial, we treated 62 women aged < 40 years, achieving a 6 month follow-up clinical pregnancy rate of 42% and a 35% live birth rate. Within this group were 34 women with endometriosis but patent Fallopian tubes, amongst whom the clinical pregnancy rate was 50% and live birth rate 44%: further evidence of the improved efficacy of lipiodol fertility enhancement in women with endometriosis.

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