

XXI. Diseases of the Female Genital System

Sequels of salpingitis:

1. Closure of the tubes at both ends and distension

(a) Hydrosalpinx :

1. Distension: Great.
2. Wall: Thin and translucent,
3. Mucosa: Atrophic.
4. Contents: Clear serous (watery)." & Rich in albumin.

(b) Pyosalpinx :

- i. Distension: Moderate.
- ii. Wall: Thick.
- iii. Contents: Thick pus.

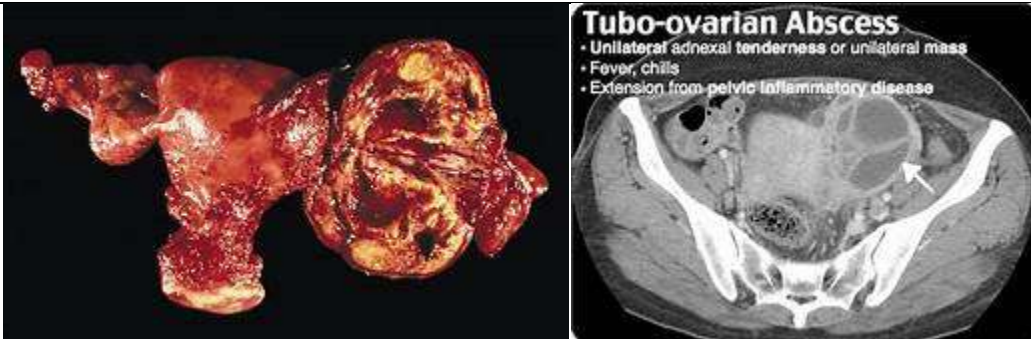
2. Closure of the outer ends of the tube ---> pus tube.

3. Tubo-ovarian abscess.

4. Pelvic adhesions.

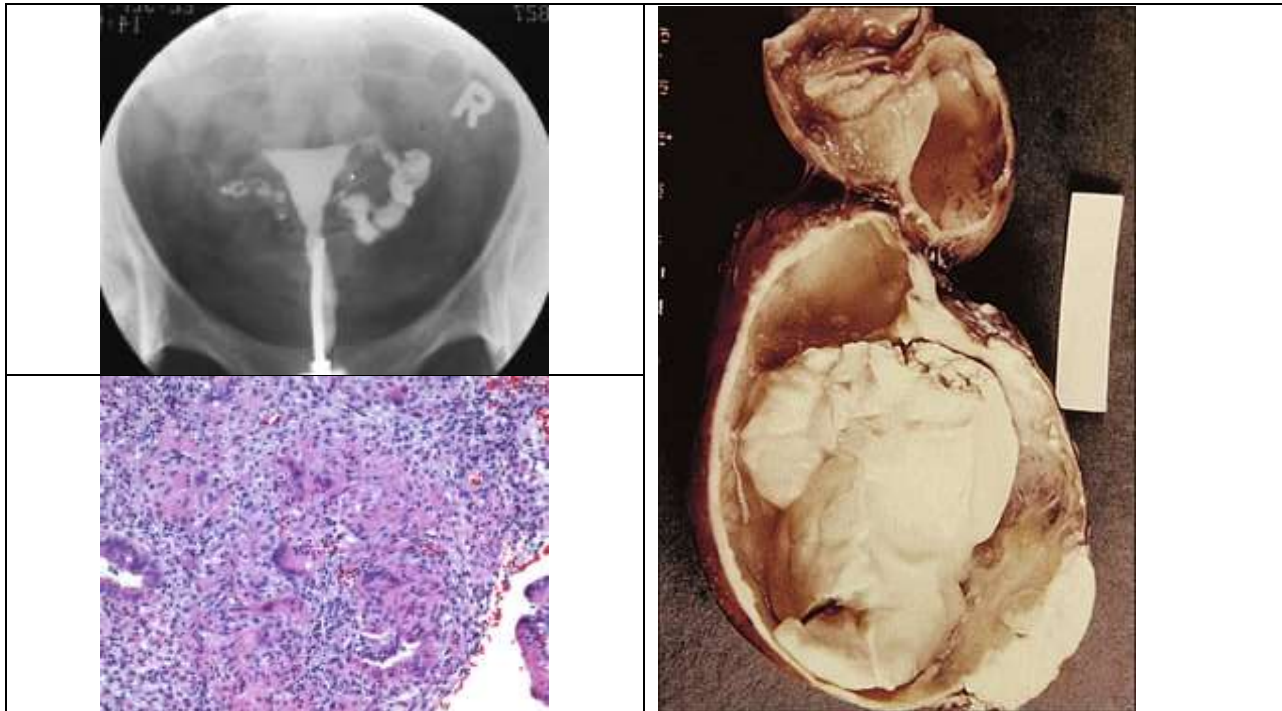
5. Salpingitis isthmica nodosa.

6. Sterility (if bilateral).



In gonococcal salpingitis, depending upon the closure of the ends of the tubes and the severity of infection, one may get the following:

1. **Catarrhal salpingitis**; if + distension of tube (due to occlusion of both ends) → serous exudate Hydrosalpinx (great distension + thin wall + clear contents).
2. **Purulent salpingitis**; if + distension → purulent exudate → pyosalpinx (moderate distension + thick wall + pus). Sometimes, pyosalpinx occurs first then infection results in obstruction and the pus is absorbed → Hydrosalpinx.
3. **Pus-tube**; if there is closure of the tube at the outer end only by the inflamed fimbriae → no distension.
4. **Tubo-ovarian abscess**: The inflamed fimbriae adhere to the ovary → infection of the ruptured Graafian follicle → abscess.
5. **Pelvic adhesions** around the tubes and ovaries.
6. **Salpingitis isthmica nodosa**: Areas of mucosa are included in the deeper layers and may become separated from the lumen → adenomatous appearance in the inner end or isthmus of the tube).
7. **Sterility** due to bilateral salpingitis and closure of the tube; and, ova will not enter the tube.



Tuberculous Salpingitis

<i>Uterine tubes:</i>	<ul style="list-style-type: none"> • Enlarged • Swollen • Firm in consistence • Show tubercles 								
	<table border="1"> <tr> <td><i>Wall:</i></td> <td>• Thickened</td> </tr> <tr> <td><i>Lumen:</i></td> <td>• Distended</td> </tr> <tr> <td><i>Contents:</i></td> <td> <ul style="list-style-type: none"> • Yellowish-creamy material (caseous) • Scattered over the serous coat </td> </tr> <tr> <td><i>Tubercles:</i></td> <td> <ul style="list-style-type: none"> • Numerous • Small in size • Pinkish-greyish-yellow </td> </tr> </table>	<i>Wall:</i>	• Thickened	<i>Lumen:</i>	• Distended	<i>Contents:</i>	<ul style="list-style-type: none"> • Yellowish-creamy material (caseous) • Scattered over the serous coat 	<i>Tubercles:</i>	<ul style="list-style-type: none"> • Numerous • Small in size • Pinkish-greyish-yellow
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- NB:**
- Tuberculous salpingitis is the primary site of tuberculosis in the female genital system.
 - The infection is often hematogenous from a distant focus.
 - Rarely, the infection is from the peritoneal cavity.

- Characters of lesions:***
1. Bilateral.
 2. Firm adhesions.
 3. Ostium is usually open; occasionally, it is closed producing tuberculouspyosalpinx.
 4. Thick contents.

- Complications:***
1. Spread to the endometrium.
 2. Pyosalpinx.
 3. Spread to the peritoneum → recurring tuberculous peritonitis,

