Congenital Bilateral Hydrosalpinges


**Author(s):** Palazón, Pedro; Saura, Laura; de Haro, Irene; Martín-Solé, Oriol; Albert, Asteria; Tarrado, Xavier; Julià, Victoria

**Source:** Journal of pediatric surgery; Oct 2018; vol. 53 (no. 10); p. 1945-1950

**Publication Type(s):** Comparative Study Journal Article

**PubMedID:** 29467083

**Abstract:** PURPOSE Hirschsprung's disease (HD) is uncommon in females. There are very few reports on the patients' obstetric and gynecological outcome. Hydrosalpinx causes pain and infertility. It is rare in nonsexually active teenagers. It may be because of an intrinsic disease of the fallopian tubes or secondary to surgery. AIM to describe the relationship between hydrosalpinx and HD or its surgical approach; to report the impact of bilateral hydrosalpinx on fertility in HD. METHOD The records of all females with HD since 1980 were reviewed. Only patients who reached menarche were included. Prevalence of hydrosalpinx and hydrosalpinx-free survival were compared after abdominoperineal (A) or transanal (T) surgery. Treatment for hydrosalpinx was reviewed. RESULTS Seventeen out of 27 patients had reached menarche (Group A: 13 patients; Group T: 4 patients). Five patients in group A and none in group T presented bilateral hydrosalpinx (p=0.261). There were no statistical differences in hydrosalpinx-free survival between groups (p=0.344). Hydrosalpinx treatment: two bilateral and one unilateral salpingectomy, one pyosalpinx evacuation and one untreated. Three patients had conception desire: one has children; two are on IVF program. CONCLUSION An association between hydrosalpinx and HD was observed. The development of hydrosalpinx was not associated with surgical approach in our study. Females with HD should have a gynecological follow-up for the development of hydrosalpinx, which can impair fertility. LEVEL OF EVIDENCE Level III, retrospective comparative study.

**Database:** Medline
2. Segmental Agenesis of the Fallopian Tube: A Case Series

Author(s): Hayes K.G.; Laufer M.

Source: Journal of Pediatric and Adolescent Gynecology; Apr 2019; vol. 32 (no. 2); p. 208-209

Publication Date: Apr 2019

Publication Type(s): Conference Abstract

Abstract: Background: The fallopian tube arises from the paramesonephric duct. It has previously been suggested that the fimbriated portion of the fallopian tube has an embryologic origin different from the proximal sections of the tube. We present a series of patients that further support this hypothesis. Segmental tubal agenesis should be considered as a possible etiology for a hydrosalpinx in a non-sexually active individual and a potential cause of tubal torsion. Case: We describe a series of 7 patients presenting with tubal torsion and persistence of unilateral hydrosalpinx post-operatively after de-torsion. Each case demonstrates a markedly dilated fallopian tube with normal fimbria not directly attached to the proximal fallopian tube and without the characteristic clubbing and edema of the fimbriated portion of the tube that is classically seen in the setting of hydrosalpinx. At the time of salpingectomy, all seven fallopian tubes demonstrated only a fibrosis band connecting the fimbria to the remainder of the fallopian tube. Comments: The fimbriated end of the fallopian tube is now recognized to be of non- Mullerian origin and thus arises from different embryologic structures from the proximal segments of the tube. Previously, isolated agenesis of a segment of the fallopian tube was thought only to arise in the setting of other Mullerian anomalies. We present a series of cases that demonstrate this congenital abnormality in the setting of otherwise normal Mullerian structures. We hope to increase awareness of this isolated condition and the management options in the setting of tubal torsion and persistent postoperative hydrosalpinx in the adolescent female.

Database: EMBASE

3. Congenital absence of the fimbria with deformity of the ampullae of the fallopian tube: A case report

Author(s): Detrick K.; Landas S.; Badawy S.Z.A.

Source: Journal of Reproductive Medicine Journal of Reproductive Medicine for the Obstetrician and Gynecologist; Jan 2019; vol. 64 (no. 1); p. 64-66

Publication Date: Jan 2019

Publication Type(s): Article

Abstract: BACKGROUND: Congenital segmental absence of the fallopian tube is rare. These cases present by hysterosalpingogram as tubal obstruction. Gross and pathologic evaluation of the excised fallopian tube will confirm the etiology. CASE: A 23-year-old woman with a history of recurrent miscarriages and secondary infertility had a complete evaluation. Hysterosalpingogram revealed an abnormal left fallopian tube with dilated ampulla. Laparoscopy confirmed the presence of hydrosalpinx. The tube was removed. Pathology revealed absent fimbria, intact epithelial lining, and absence of any evidence of inflammatory disease, scarring process, or endometriosis. CONCLUSION(S): This is a case of congenital absence of the tubal fimbria resulting in tubal obstruction. The presence of intact epithelial lining without evidence of inflammation supports congenital absence of fimbria.

Database: EMBASE

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4. Laparoscopic tubal salvage in an adolescent girl with bilateral isolated tubal torsion

**Author(s):** Berlanda N.; Caroggio C.F.; Ciappina N.; Fedele L.; Bianchi S.; Bulfoni A.

**Source:** Clinical and Experimental Obstetrics and Gynecology; 2018; vol. 45 (no. 1); p. 143-146

**Publication Date:** 2018

**Publication Type(s):** Article

**Abstract:** Purpose of investigation: To report surgical treatment of a rare case of bilateral isolated fallopian tube torsion (IFTT). IFTT, especially when occurring bilaterally in adolescents, poses the dilemma of whether removing the salpinges, preventing the possibility of spontaneous conception, or restoring tubal patency, risking IFTT recurrence or a future ectopic pregnancy. Case Report: A 13-year-old, sexually inactive, presented after being discharged with the diagnosis of bilateral tubal ectasia from another hospital, where she received antibiotic treatment. At laparoscopy, bilateral IFTT was diagnosed. One tube was necrotic and a salpingectomy was performed. The contralateral tube presented a hydrosalpinx, but, once derotated and drained, appeared viable and salpingoneostomy and salpingopexy were performed. Six-month follow up was uneventful.

**Conclusion(s):** In cases with an uncertain diagnosis, especially in young women in which tubal preservation is particularly important, laparoscopy allows an early diagnosis of tubal torsion and a conservative treatment before irreversible tubal necrosis occur.

**Database:** EMBASE

5. Congenital absence of the fimbria with deformity of the ampullae of the Fallopian tube

**Author(s):** Detrick K.; Landas S.; Badawy S.Z.A.

**Source:** Journal of Gynecologic Surgery; Jun 2015; vol. 31 (no. 3); p. 177-179

**Publication Date:** Jun 2015

**Publication Type(s):** Article

**Abstract:** Congenital segmental absence of the Fallopian tube is a rare finding. These cases are diagnosed by hysterosalpingogram as tubal obstructions. Pathology evaluation of the excised Fallopian tube will confirm the etiology. Case: A 23-year-old female with a history of recurrent miscarriages and secondary infertility had a complete evaluation performed. A hysterosalpingogram revealed an abnormal left Fallopian tube with dilated ampulla. Laparoscopy confirmed the presence of a hydrosalpinx. The tube was removed. Result(s): This patient recovered completely and was able to achieve pregnancy. Pathology testing revealed absent fimbria, an intact epithelial lining, and the absence of any evidence of inflammatory disease or endometriosis. Conclusion(s): This is a rare case of congenital absence of the tubal fimbria resulting in tubal obstruction. The presence of an intact epithelial lining without any evidence of inflammation supports the congenital absence of the fimbria. (J GYNECOL SURG 31:177)

**Database:** EMBASE
6. A rare cause of acute abdominal pain in adolescence: Hydrosalpinx leading to isolated torsion of fallopian tube

**Author(s):** Pampal A.; Atac G.K.; Nazli Z.S.; Ozen I.O.; Sipahi T.

**Source:** Journal of Pediatric Surgery; Dec 2012; vol. 47 (no. 12)

**Publication Date:** Dec 2012

**Publication Type(s):** Conference Paper

**PubMedID:** 23217913

**Abstract:** Torsion of the fallopian tube accompanying hydrosalpinx is a rare occurrence in the pediatric population. This report describes a 13 year old sexually inactive girl with isolated tubal torsion due to hydrosalpinx. The girl had lower left abdominal pain for two days. The physical examination revealed left lower quadrant tenderness with a firm round anterior mass on rectal examination. Abdominal ultrasound showed left tubal enlargement with free pelvic peritoneal fluid. Magnetic Resonance Imaging (MRI) showed engorgement and dilatation of the left fallopian tube without contrast enhancement suspicious of tubal torsion. At operation, torsion of the left tube on its longitudinal axis was observed, and a salpingectomy was performed. Although rare, the diagnosis of torsion of the fallopian tube should be considered when evaluating acute abdominal pain. The earlier tubal torsion is diagnosed, the greater the likelihood of salvaging the fallopian tube. © 2012 Elsevier Inc.

**Database:** EMBASE

7. Rare causes of pelvic pain in infancy and adolescence: Hydrosalpinx vs isolated tubal torsion

**Author(s):** Orazi C.; Marchetti P.; Lucchetti M.C.; Lombardi R.; Toma P.

**Source:** Pediatric Radiology; May 2012; vol. 42

**Publication Date:** May 2012

**Publication Type(s):** Conference Abstract

Available at Pediatric radiology - from SpringerLink - Medicine
Available at Pediatric radiology - from ProQuest (Health Research Premium) - NHS Version
Available at Pediatric radiology - from EBSCO (MEDLINE Complete)

**Abstract:** Purpose - Objective. Acute pelvic pain in infancy and adolescence can be caused by several different conditions. Fallopian tube diseases are only rarely involved. Hydrosalpinx indicates dilation of the fallopian tube with accumulation of fluid content, due to distal occlusion. Besides local infection or compression (e.g. hemorrhagic corpus luteum), congenital anomalies or adhesions (previous inflammatory conditions or abdominal surgery) may also be possible underlying factors. The enlarged salpinx bears the risk of torsion, even without involvement of the ovary. Material and methods. We report on imaging findings in 18 infants and adolescent patients, not sexually active, affected by hydrosalpinx, and in 2 patients in whom hydrosalpinx was associated with isolated tubal torsion. Results. US and MRI demonstrated an enlarged and tortuous fallopian tube, separated from the ovary, with variably thickened tubal walls and fluid contents. MRI allowed further characterization of the contents, whether fluid, hematic, or dense. The vascular pattern of the tubal walls and the uterus and adnexa were also clearly shown. Discussion and conclusions. US is the first imaging technique in the evaluation of the female genital tract, and allows the evaluation of a dilated fallopian tube. MRI can add useful information about the characteristics of the contents and of the vascular supply. Early recognition and correct discrimination between medical and surgical causes of hydrosalpinx are important in order to avoid unnecessary surgery and subsequent harmful adhesions.

**Database:** EMBASE

Author(s): Lima, Mario; Libri, Michele; Aquino, Antonio; Gobbi, Dalia

Source: Journal of pediatric surgery; Apr 2011; vol. 46 (no. 4); p. e27

Publication Date: Apr 2011

Publication Type(s): Case Reports Journal Article

PubMedID: 21496522

Abstract: Bilateral hydrosalpinx with asynchronous tubal torsion is an extraordinary event in young girls. This report describes the problems associated with misdiagnosis, therapeutic approach, and the risk of suboptimal treatment of this rare clinical entity in a 13-year-old girl.

Database: Medline

9. Hydrosalpinx in a patient with complex genitourinary malformation

Author(s): Zhapa E.; Rigamonti W.; Castagnetti M.

Source: Journal of Pediatric Surgery; Nov 2010; vol. 45 (no. 11); p. 2265-2268

Publication Date: Nov 2010

Publication Type(s): Article

PubMedID: 21034959

Abstract: We describe an adolescent female patient born with a complex genitourinary malformation including bilateral duplex system and duplication of the mullerian structures (bicornuate uterus and septate vagina). She presented with a symptomatic hydrosalpinx. The typical imaging of this condition is described along with the issues associated with the differential diagnosis in this complex scenario. The diagnosis of hydrosalpinx should be suspected in patients with complex genitourinary malformations and a pelvic fluid collection. Associated genital and renal anomalies are noted in 30% of cases. © 2010 Elsevier Inc. All rights reserved.

Database: EMBASE
10. Giant hydrosalpinx of adolescence

Author(s): Lee C.J.
Source: Gynecological Surgery; 2009; vol. 6
Publication Date: 2009
Publication Type(s): Conference Abstract
Available at Gynecological Surgery - from SpringerLink - Medicine
Available at Gynecological Surgery - from ProQuest (Health Research Premium) - NHS Version
Available at Gynecological Surgery - from Unpaywall

Abstract: Giant hydrosalpinx of adolescence Hydrosalpinx is a common disease in gynecologic practice. But, giant hydrosalpinx is uncommon disease. Especially giant hydrosalpinx of adolescence is very rare. Because most of hydrosalpinx is the result of chronic pathological condition of the fallopian tube when the fimbrial end of the tube is occluded and distal part distended with fluid and the occlusion usually occurs secondary to pelvic inflammatory disease or endometriosis or adjacent organ inflammation, therefore giant Hydrosalpinx of sexually inactive adolescents is very rare. Sporadic cases of unilateral noninflammatory hydrosalpinx are reported as isolated postsurgical complications, or as complications of peritoneal drains. However we can't find any condition which occurs hydrosalpinx in this case. We present an unusual case of giant hydrosalpinx of adolescence, which was misdiagnosed as huge ovarian cyst and operated by endoscopy.

Database: EMBASE

11. Neonatal Imperforate Hymen Causing Obstruction of the Urinary Tract

Author(s): Johal N.S.; Bogris S.; Mushtaq I.
Source: Urology; Apr 2009; vol. 73 (no. 4); p. 750-751
Publication Date: Apr 2009
Publication Type(s): Article
PubMedID: 19118883

Abstract: An imperforate hymen associated with urinary retention, bilateral hydrenephrosis, and bilateral hydrosalpinx is extremely rare in the neonatal period. We present a case of a 2-day-old neonate with a marked interlabial swelling causing urinary retention. Imaging revealed hydrometrocolpos, hydrosalpinx, and bilateral hydronephrosis. Her symptoms resolved after hymenectomy. © 2009 Elsevier Inc. All rights reserved.

Database: EMBASE
12. Noninflammatory fallopian tube pathology in children

**Author(s):** Merlini L.; Anooshiravani M.; Hanquinet S.; Vunda A.; Borzani I.; Napolitano M.

**Source:** Pediatric Radiology; Dec 2008; vol. 38 (no. 12); p. 1330-1337

**Publication Date:** Dec 2008

**Publication Type(s):** Review

**PubMedID:** 18936935

Available at Pediatric radiology - from SpringerLink - Medicine
Available at Pediatric radiology - from ProQuest (Health Research Premium) - NHS Version
Available at Pediatric radiology - from EBSCO (MEDLINE Complete)
Available at Pediatric radiology - from EBSCO (CINAHL Complete)
Available at Pediatric radiology - from Unpaywall

**Abstract:** Noninflammatory tubal abnormalities are rare in children and usually not well covered by traditional educational material. The presenting symptoms are nonspecific and are common to many other conditions, so its preoperative diagnosis is rarely made. The purpose of this study was to review the hospital charts and imaging findings in children and sexually inactive adolescents who showed fallopian tube pathology. Understanding of the pertinent findings of previous imaging examinations might assist radiologists in making the correct preoperative diagnosis and increase the likelihood of preserving the fallopian tubes. The clinical entities described in this article include isolated tubal torsion, paratubal cysts, hydrosalpinx, undescended/ectopic fallopian tube, and tubal inguinal hernia. © 2008 Springer-Verlag.

**Database:** EMBASE

13. Does the fimbria have an embryologic origin distinct from that of the rest of the fallopian tube?

**Author(s):** Garrett, Leslie A; Vargas, Sara O; Drapkin, Ronny; Laufer, Marc R

**Source:** Fertility and sterility; Nov 2008; vol. 90 (no. 5); p. 2008

**Publication Date:** Nov 2008

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 18353321

**Abstract:** OBJECTIVE To propose a new theory describing the development of the fallopian tube fimbria. DESIGN Case series report. SETTING Metropolitan tertiary care children's hospital. PATIENT(S) Two girls, aged 12 and 20 years, who presented with pelvic pain. INTERVENTION(S) Magnetic resonance imaging, laparoscopy with salpingectomy, and pathologic analysis. MAIN OUTCOME MEASURE(S) Description of a novel theory regarding the embryologic development of the fallopian tube and its fimbria. RESULT(S) In two non-sexually active girls the cause of their pelvic pain was found to be a hydrosalpinx associated with a discontinuous fallopian tube in which the fimbriated end did not directly communicate with the remainder of the fallopian tube. CONCLUSION(S) The two cases of pure congenital fallopian tube atresia, the presence of fimbriae in patients with müllerian (uterine, cervical, and vaginal) agenesis, and the role of the fimbria in ovarian-like and peritoneal cancers, support a novel hypothesis that the fimbria of the fallopian tube may arise separately from the rest of the tube.

**Database:** Medline

Author(s): Merlini, Laura; Anooshiravani, Mehrak; Peiry, Barbara; La Scala, Giorgio; Hanquinet, Sylviane

Source: AJR. American journal of roentgenology; May 2008; vol. 190 (no. 5); p. W278

Publication Date: May 2008

Publication Type(s): Case Reports Journal Article

PubMedID: 18430812

Available at AJR. American journal of roentgenology - from Free Medical Journals . com

Abstract: OBJECTIVE The purpose of our study was to illustrate three cases of bilateral hydrosalpinx in postpubertal girls operated on for Hirschsprung’s disease and to discuss the possible cause: iatrogenic or congenital. We identified bilateral hydrosalpinx in three postpubertal sexually inactive girls with Hirschsprung’s disease treated, respectively by Duhamel, Soave pull-through, and Martin procedures. No history of surgical complications or pelvic inflammation had been reported. CONCLUSION Hirschsprung’s disease is rare in girls and bilateral hydrosalpinx is also extremely uncommon in sexually inactive adolescents. We think there may be a possible common cause: either a postsurgical complication or a congenital defect of the autonomous innervation in the context of a neurocristopathy. Because of the rarity of both conditions, the association is unlikely to be coincidental. The cause of this association is unclear and further studies are required to find its prevalence and to estimate the possible impact on fertility.

Database: Medline

15. Congenital atresia of the fallopian tube.

Author(s): Cheung, Vincent Y T

Source: Journal of obstetrics and gynaecology Canada : JOGC = Journal d’obstétrique et gynecologie du Canada : JOGC; Jan 2008; vol. 30 (no. 1); p. 11

Publication Date: Jan 2008

Publication Type(s): Case Reports Journal Article

PubMedID: 18198061

Database: Medline
16. Congenital interruption of the ampullary portion of the fallopian tube

**Author(s):** Dahan M.H.; Burney R.; Lathi R.

**Source:** Fertility and Sterility; Jun 2006; vol. 85 (no. 6); p. 1820-1821

**Publication Date:** Jun 2006

**Publication Type(s):** Article

**PubMedID:** 16678820

**Abstract:** We present a rare case of a congenital isolated missing segment of the fallopian tube, including hysterosalpingographic and laparoscopic images. We conclude that when this occurs without concomitant mullerian anomalies, the mechanism of development would not be expected to be associated with an increase in renal abnormalities. © 2006 American Society for Reproductive Medicine.

**Database:** EMBASE

17. Salpingitis in a sexually inactive adolescent with congenital virilizing adrenal hyperplasia

**Author(s):** Kerrigan J.R.; Kitchin III J.D.; Rodgers B.M.; Alford B.A.; Rogol A.D.

**Source:** Adolescent and Pediatric Gynecology; 1991; vol. 4 (no. 3); p. 156-158

**Publication Date:** 1991

**Publication Type(s):** Article

**Abstract:** We report a sexually inactive adolescent female with congenital virilizing adrenal hyperplasia (CVAH) and associated urogenital maldevelopment. At the age of 16 6/12 years, she developed signs and symptoms of an acute abdomen. At surgery, gross inflammation of both fallopian tubes and bilateral hydrosalpinges were observed. An anaerobic, gram-positive coccus was isolated. A subsequent sinogram demonstrated reflux of contrast agent from the urogenital sinus through the endocervical canal into the uterus. We postulate that the abnormal urogenital anatomy in our patient provided a mechanism whereby retrograde passage of vaginal bacteria resulted in salpingitis. Consideration should be given to performing a vaginoplasty early in patients with CVAH and small urogenital openings so that the morbid consequences of gynecologic infection can be prevented.

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