Supplementary materials



Figure S1. Anatomical division of the fallopian tube



Figure S2. Beginning of the tubal mucosa, posterior to the tubal ostium. Radiographic projections in three planes. The arrow indicates the tubal mucosa



Figure S3. Mucosa of the uterine segment in three planes, with microtomographic projections on X-ray



Figure S4. Lumen in three planes. Symmetrical tubal lumen with an expanding mucosal fold. The folds gradually increase in number relative to the lumen and toward the extrauterine portion. The folds form crypts (arrow)



Figure S5. Three-dimensional representation of the mucosa in the region between the intramural segment and isthmus. The arrow indicates a section of the previous image (Figures S4). The asterisk shows the beginning of the abdominal segment of the fallopian tube



Figure S6. Three-dimensional reconstruction of the isthmic mucosa



Figure S7. Two-dimensional plane of the isthmic mucosa



Figure S8. Three-dimensional reconstruction of the isthmus



Figure S9. Three-dimensional reconstruction of the transition between the isthmus and ampulla. The arrow shows the isthmus. The rapid transition is characterized by the increase in tubal lumen and an increase in the tortuosity in the ampulla



Figure S11. Longitudinal sections of the infundibulum, ostium, and fimbriae mounted on a cold slide and subjected to microtomographic analysis. The sectioned specimen shows the symmetry of the thin mucosal folds that end in the abdominal cavity (arrows). Note the lack of association between the fimbrial fringes and the folds originating in the ostium (asterisk)

Figure S12. A) Transition from the ampulla to fimbriae in three planes. The tortuosity ends near the ostium. The arrows indicate the ostium. The folds are more homogeneous and are not tortuous. B) Three-dimensional reconstruction of the fimbriae. The folds are less numerous and become linear toward the ostium (circle)