

Letter to the Editor

## In response to the article “The relationship between hysterosalpingography findings and female infertility in a Nigerian population”

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### Dear Editor,

Being budding gynaecoradiologist, we read the article “The relationship between hysterosalpingography findings and female infertility in a Nigerian population” authored by Adedigba *et al.* with great interest [1]. In the current era of highly sophisticated imaging modalities like magnetic resonance imaging, bringing out the importance of a simple conventional imaging modality like hysterosalpingography (HSG), which is easy, cheap, and fairly informative, is worth appreciating. We commend the authors for their work.

However, we have made a few observations that we would like to bring to the notice of the readers of this article. The authors observed tubal block to be the predominant cause of infertility in females, with cornual block being the commonest site. As the authors themselves state, due to unsafe abortions there is higher risk of pelvic infections in their population. Pelvic inflammatory disease usually affects the ampullary region, and hence this observation is contradictory. A possible explanation for this observation is the presence of cornual spasm or excessive cornual plugging. A study by Sulak *et al.* also observed that two-thirds of the

resected tubes for cornual block did not reveal any tubal pathology and were probably due to cornual spasm or mucous plugging [2]. Another observation that the authors made was that tubal pathology was more common than other pathologies in infertile patients. This could partly be explained by the fact that HSG is inherently less sensitive in detecting ovarian, uterine, or cervical pathologies [3]. Hence one cannot draw conclusions based on the findings of HSG, and it should be confirmed with a cheap and simple investigation like transvaginal ultrasound. PID usually concomitantly affects the cervix or uterus along with the tubes because these are ascending infections; hence, treating only the tubal pathology without treating the ovarian/uterine pathology would not be beneficial.

Although it was a retrospective study, it would have been interesting if the authors had commented on the outcome of the patients diagnosed with various pathologies on HSG, whether they underwent further investigation or laparoscopy or surgery, and whether these findings on HSG were also seen in other procedures. Without a gold standard, the results of a study could be fallacious.

### Conflict of interest

The authors report no conflict of interest.

### References

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### Authors' contribution:

A Study design · B Data collection · C Statistical analysis · D Data interpretation · E Manuscript preparation · F Literature search · G Funds collection