

# Treating hydrosalpinx with a manual pelvic physical therapy

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## Abstract

**Objective:** Hydrosalpinx of the fallopian tube is largely regarded as an indicator of tubal dysfunction causing infertility. Several studies have documented the detrimental effects of hydrosalpinges on IVF pregnancy rates. Surgical removal of hydrosalpinges is generally recommended because it is associated with improvement in IVF pregnancy rates.

The purpose of this study is to examine the efficacy of a non-invasive manual pelvic physical therapy to improve function of fallopian tubes that have been compromised by hydrosalpinx.

### Design: Retrospective analysis

**Materials and Methods:** A retrospective analysis was performed on eight patients with documented tubal occlusion who met the additional inclusion criterion of hydrosalpinx in one or both tubes, diagnosed by hysterosalpingogram or laparoscopic chromotubation. These patients underwent a manual physical therapy in order to treat the hydrosalpinges and improve fertility. The therapists were able to indirectly access the fallopian tubes by manipulating the peritoneum, uterine and ovarian ligaments, and adjacent structures. Post-treatment unilateral or bilateral tubal patency in the tube(s) with hydrosalpinx was confirmed by hysterosalpingogram. The mean interval between last treatment date and patency confirmation was 5 weeks. A second outcome measure was natural and/or IVF pregnancy within the 2-year follow-up period, without surgical intervention to address the hydrosalpinx.

**Results:** Of this subset of patients with total occlusion plus hydrosalpinx (mean age = 35), 4/8 (50%) demonstrated post-treatment patency in one or both of the tubes containing the hydrosalpinx. Of the 4 patent patients, 2/4 (50%) reported natural post-therapy full term pregnancies via the tube with hydrosalpinx as follows: one had a successful post-treatment IVF pregnancy and delivery, followed by a natural intrauterine pregnancy/delivery; a second patient had a natural pregnancy/delivery and a second subsequent pregnancy/delivery.

Of the 4 non-patent patients, one had a laparoscopy to remove the tubes, became pregnant through IVF but miscarried; another had a natural ectopic pregnancy after therapy; a third had a successful IVF pregnancy and live birth delivery; the fourth reported no pregnancy after therapy.

**Conclusion:** The presence of hydrosalpinges is associated with infertility and decreased pregnancy rates with IVF. Surgical removal of hydrosalpinges is often recommended. This physical therapy offers a non-surgical option to treat infertility in patients with hydrosalpinges and tubal occlusion.

## Design

Retrospective analysis

## Objective

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## Pre and Post-Treatment Data

Patient Number	Pre-Treatment													Post-Treatment			
	Tubal Inertia	Trauma - Yes, No, N/A	Surgery	Infection or Inflammation	Hormonal Problems	HSG	Laparoscopy	Multiple diagnostic tests	Both blocked	One removed, one blocked	Prior pregnancies = #	Prior Miscarriages	Prior Abortions	Prior ectopics	Prior birth events	Diagnostic test confirmed Open tube	Natural Intrauterine pregnancy and live birth = YES
1	1.5	N	Y	Y	N	Y	N	N	Y	N	0	0	0	0	0	1	0
2	2	N	Y	Y	N	Y	N	Y	N	1	0	0	1	0	0	0	0
3	17	Y	Y	Y	Y	N	Y	N	Y	N	2	0	1	1	0	1	0
4	10	N	Y	Y	Y	Y	Y	N	Y	N	6	1	0	3	2	0	0
5	10	Y	Y	Y	Y	Y	Y	Y	N	3	2	1	0	0	1	1	1
6	1	N	Y	Y	Y	Y	Y	N	Y	0	0	0	0	0	1	1	1
7	1	Y	Y	N	N	N	N	Y	N	1	0	1	0	0	0	0	0
8	2	Y	Y	N	N	Y	N	N	Y	N	0	0	0	0	0	0	0
Total	Mean of 5.5 years	4	8	6	3	7	5	4	7	1	13	3	3	4	3	4	2

All participants received 20 hours of the pelvic physical therapy. Patient 5 had one live birth post-treatment via IVF, followed by a natural pregnancy and live birth. Patient 6 had two natural pregnancies, both with live births after therapy.

## Results

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## Conclusion

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The physical therapy addresses collagenous crosslinks