Abstract
Successful Pregnancy of aviable and to bring hope and happiness for infertile couples. 42 selected reported and followed up cases in Babylon teaching hospital for maternity and children. Main outcome measure Pregnancy rate.
General seminal analysis for the husband . swab for direct , culture and sensitivity test .

An arrangement for hysterosalpingeography was made for all patients which revealed tubal blockage on one or both tubes at different levels .

Discussion of the condition was made with both couples and admission to hospital was planned after agreement about type of operations , Surgical procedures and the possible outcome results after wards .

The type of Surgical procedures were .
1. Diagnostic laproscopy and dye test .
2. Therapeutic Laproscopy salpingolysis .
3. Laprotomy salpingolysis .
4. Salpingostomy .
5. Anaestomotic procedure , reversal tubal surgery .
6. In vitro fertilization IVF ( patients sent to Baghdad ) .

The causes of tubal occlusion our study classified as :

<table>
<thead>
<tr>
<th>NO</th>
<th>Type of pathology</th>
<th>No .of cases</th>
<th>Pregnancy success</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ectopic gestation</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>After use IuCD</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Tubal sterilization</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Endometriosis</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>After appediecctomy</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Post abortive infection</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>puerperal infection</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Post operative gynaecological surgery Ovarian cystectomy myomectomy</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

The type of entopic gestation in our study classified as show in the table below .

<table>
<thead>
<tr>
<th>No</th>
<th>Side</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rt ectopic</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Left ectopic</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Bilateral ectopic</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Ectopic and endopic</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Recurrent ectopic on the same side</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>Recurrent ectopic on the oposit side</td>
<td>2</td>
</tr>
</tbody>
</table>

Discussion

In fertility is a major problem in our society . Although male in fertility is a miserable stae for a man , yet he is dominant regarding future marital life .

Female infertility on the other hand is a serious condition for a woman life especially that caused by tubal occlusion .

Infertility and its managemenat are extremely stressful experiences for all coupels and th role of the professional counselors has been appreciated , Medical and re inforced by nursing stoff is important .

The prevalence of infertility is its occurance in an un screened population and may be 15 % not all-childless couples complaining of infertility presen for treatment and many who do present will present will conceive maturely without treatment .

Endometriosis is known to be associated with infertility even with patent tubes Recently ablation of deposits at diagnostic laproscopy in stage 1 and stage 2 disease has been shown to be followed by significant increase in pregnancy rate at 9 months .
IVF although natural cycle IVF has been used it has a poor live birth rate 7% and can not be recommended as a routine.

In tubal occlusion the most successful tubal operation is salpingolysis and consists of dividing peritubal adhesions around ampullary if the fimbrae are undamaged and the adhesions are not too extensive and the lining of epithelium is likely to be intact and function can be restored. Even so less than 25% of patients are likely to achieve a pregnancy and there increased risk of ectopic pregnancy, in many cases peritubal adhesions reform pregnancy following recanalization of the uterine tubes, many of these pregnancies are ectopic (0 – 65%) depending the technique of tubal sterilization.

In pelvic infection I.e pelvic inflammatory disease or puerperal infection or postoperative gynecologic surgery or abortion – associated infection or secondary to other infection like appendicitis, diverticulitis or T.B.

The favorable outcome is directly related to the promptness with which adequate therapy is begun.

The incidence of infertility is directly related to the severity of tubal inflammation judged by laproscopic examination.

A single episod of salpingitis has shown to cause infertility in 12 – 18% of women. Non gonococcal infection predisposed more commonly to ectopic pregnancy. Follow up care and education are necessary to prevent re-infection and complication.

Serious neoplasm and myomas

Although the patient at risk of development ovarian neoplasm has not been identified several studies have recorded a high incidence of infertility (27%).

**Recommendation**

Yesterdays dream is toddy's reality

1. Alive childbirth is great event for newly married couples baby is a nice happiness and a dream of every woman.

2. Hope and confidence is essential for future marital life.

3. Number of successful pregnancies and childbierth should be considered and calculated carefully.

4. Spacing between pregnancies is essential.

5. The use of suitable contraceptive measures mainly reversible type for emotionally unstable couples.

6. Abdominal sterilization should be considered and carried out on solid basis and for absolute indications.

7. Infertility is a social problem, preventive measures against infection and sexually transmitted disease is important, early detection and proper and adequate antibiotic cover under high percent of ectopic gestation and low incidence of normal pregnancy.

8. Because of recent advices and advanced study of in vitro fertilization a proper hormonal assay study, with the presence of good and modern ultrasound facilities and recent operative laparoscopy techniques.

There is a promising improvement the fertility results.

Hoping for future uterus or tubal transplant.

On the whole the consideration of future advanced facilities in treating female infertility is almost our last hope.

**References**

General (PID)


2- Center for disease control. Sexually transmitted diseases: treatment guidelines. MMWR 1982, 31, suppl, 445


4- Grossman JH III et al., obstet Gynaecol 1997, 53,537


Endometriosis
7- Hippard LT, Schumann WR, Goldstein GE. Thoracic endometriosis a Review of tow cases . AMJ Obstet Gynecol 2001 , 140. Serous Neoplasm
9- Effective health case , 1999 , the management of subfertility , Bulletin on . 3 Leeds University school of Health, 23
10- Collins JA, Burrows EA and willanAR , 2001 , Fertil Steril . 64,22 , IUCD
11- Centers for Disease control , May 6, 2002 ,32,221
12- Charnoek M, chmbers TJ, Lancet 2002,2 ,1239
13- Five intrauterine Devices for puplic program . the population council New york , 2002 . sterilization in women
15- Rioux late complication of female sterilization . a review of literature and a proposal of the further research . J Reprod med ,2002 . 19 ,329