Autologous fibrin glue for tuboplasty.

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Abstract:

Introduction: Tuboplasty is a difficult procedure in gynecology and require microsurgery technique. Tissue sealant was introduced for hollow viscose anastomosis such as tuboplasty, but they have some complication such as viral infection and production of antibodies against coagulation factors. In addition, high price of commercial glue lead to expensive operation. The new point in this study is introducing and using of new autologous fibrin glue for tuboplasty. Materials and Methods: This study was done in Shahid Beheshti Hospital of Isfahan Medical Sciences University (2008). Two patients whom their tubes were ligated several years ago were selected. They wanted to have pregnancy due to second marriage. From 150 cc of their blood, 3 cc of fibrin sealant was produced by new method that introduced by senior author (Dr. Rasti). After laparatomy and exploration of tubes two ends of tube in each side was prepared for anastomosis with 2 stay sutures by prolene 7/0. The alignments of tube were got and after passage of nylon strand (1) thorough the tube, the rest of anastomosis was performed by autologous fibrin sealant. After 3 minutes the strand was removed and the abdominal wall was repaired in anatomical orders. Three months later the hystrosalpingography was done for evaluation of tube patency. Results: The mean time for anastomosis was 15 minutes. The patencies of tubes were documented by HSG three months after operation. One of the patients had intrauterine pregnancy 9 months after operation. Conclusion: Because of easy application, short operation time and excellent results we recommend use of this fibrin sealant for tuboplasty. Specially this sealant is autologous and it has no risks such as blood born disease and catastrophic bleeding due to creation of antibody against coagulation factor that were reported after use of commercial fibrin glue.