Objectives
To discuss the feasibility and safety of ultrasound-guided aspiration and sclerotherapy with absolute alcohol in treating hydrosalpinx patients in our hospital.

Methods
151 patients of hydrosalpinx were treated in our department from 1999 to Feb. 2019. They aged 21~71 years (average 43). There were 25 cases of bilateral and 126 of unilateral hydrosalpinx. 12 cases were complicated with encapsulated effusion and/or ovarian cysts. 63 patients had the history of operation. All patients except 10 (transabdominal) received transvaginal ultrasound-guided aspiration and sclerotherapy with absolute alcohol kept within the tube for 3 minutes. 8 patients received retreatment (6 due to bilateral hydrosalpinx occurred successively or could not be treated at the same time, 2 due to recurrence 7~8 years after the first treatment).

Results
The aspiration treatment was successfully completed in all patients. The fluid volume aspirated were 6~619ml (average 113ml). Absolute alcohol were extracted immediately due to intense pain during sclerotherapy in 3 patients but were kept within the tube for 3 minutes in other patients before being extracted. In 16 cases of polycystic hydrosalpinx, aspiration and sclerotherapy was performed for every cyst. Cytological examination were negative in all patients. 116ml of hemorrhagic fluid was extracted from a 71-year-old patient with left hydrosalpinx which recur and magnify three months later and total hysterectomy with bilateral adnexectomy was performed. Histopathologic examination revealed a poorly differentiated transitional cell carcinoma of the fallopian tube. Three months after the treatment, the reexamination showed that the hydrosalpinx disappeared or significantly decreased in all patients except the patient mentioned above, and the clinical symptoms disappeared or significantly improved.

Conclusion
Ultrasound-guided aspiration and sclerotherapy for hydrosalpinx is worth to recommend.