ANSWERS: CHAPTER 3

MATCHING

1. n  8. c  15. g  22. a
2. s  9. k  16. q  23. i
3. h  10. l  17. d  24. t
4. z  11. m  18. o  25. v
5. x  12. y  19. p  26. u
6. b  13. j  20. w
7. r  14. e  21. f

IMAGE LABELING

1. double uterus (didelphys) and double vagina
2. uterus duplex bicornis
3. uterus bicornate
4. uterus unicornate
5. complete septate uterus
6. subseptate uterus
7. arcuate uterus
8. DES related uterus

MULTIPLE CHOICE

1. d  6. a  11. c  16. a
2. a  7. b  12. d  17. b
3. b  8. d  13. d  18. a
4. c  9. b  14. b  19. b
5. c  10. a  15. c  20. c

FILL-IN-THE-BLANK

1a. infertility
1b. pregnancy
2a. anomaly
2b. clinical
2c. treatment
3a. paramesonephric (müllerian)
3b. mesonephric (wolffian)
4. testosterone
5a. 10
5b. uterus
6a. uterine
6b. vaginal
7. hematometra
colpos
8. imperforate hymen
9. vaginoplasty
10. drainage of menstrual blood
11. transperineal
12. uterus unicornis
13a. 3-D
13b. endometrial
13c. contours
14a. intercornual
14b. 4
14c. fundal

SHORT ANSWER

1. Obstructed uterus (hematometra). Ultrasound would demonstrate a hypoechoic mass inferior to the urinary bladder.

2. A supernumerary ovary with a benign teratoma or dermoid cysts can be located remotely and, therefore, can explain an unusual mass. The omentum and retroperitoneum can host these ovaries due to the development of separate primordia in an ectopic portion of the gonadal ridge.

3. Cervical incompetence has been reported with a bicornuate uterus. A cervical cerclage can be placed, which will increase the likelihood of continuing a bicornuate pregnancy to term.

4. T-shaped endometrial cavity, constriction bands, small hypoplastic uterus, widened lower uterine segment, irregular endometrial margins including a narrowed fundal segment of the endometrial canal, and intraluminal filling defects.

5. Fallopian tubes are absent in rare cases of müllerian duct abnormalities. A proximally blocked tube, which does not allow spillage of the contrast agent through the tube into the adnexal cavity, can cause nonvisualization.

IMAGE EVALUATION/PATHOLOGY

1. Sagittal view. This uterus is demonstrating hematometra.

2. Arrow points to the smooth outer contour of the triangular shaped endometrium and is on the volume reconstruction image. Image 1 shows a transverse reconstruction, image 2 shows a sagittal view, and image 3 shows a coronal view.
3. Images were obtained with 3-D sonography with multiplanar reconstruction. Bicornuate uterus.

4. This pelvic ultrasound was diagnosed as hematocolpos (with a distended vagina) and is caused by an imperforate hymen.

5. This is hysterosalpingography. The arrow is pointing to a saddle-shaped indentation (arrow), which indicates an arcuate uterus. Also seen is bilateral hydrosalpinx obstructing the fallopian tubes at the fimbriated ends.

CASE STUDY

1. The hysterosalpingogram demonstrates a large uterine septum, which concurs with the previous ultrasound findings. The bicornuate uterus is patent from the cervical canal through both endometriums and fallopian tubes. Fertility medications may be started and once pregnant the patient will be considered high risk and offered a cerclage after the first trimester if cervical incompetence is established.

2. These 3-D multiplanar images confirm a common structural malformation associated with DES drug exposure, a T-shaped endometrium. Although not seen on the images, uterine corpus, endometrial, cervical, and vaginal anomalies are also typical findings.