**Answers: Chapter 15**

**Matching**

1. k 6. r 11. d 16. m
2. f 7. h 12. n 17. j
3. q 8. c 13. p 18. g
4. a 9. i 14. b 19. e
5. l 10. s 15. o

**Image Labeling**

1. cervical
2. interstitial
3. tubal (isthmus)
4. abdominal
5. tubal (ampullary)
6. infundibular (ostial)
7. ovarian

**Multiple Choice**

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

**Fill-in-the-Blank**

1. 2
2. fallopian tube
3a. 9
3b. 11
4. serial
5. myometrium
6a. bleeding
6b. pain
6c. adnexal mass
7. interstitial
8. increase in the number of cesarean deliveries
9. abdominal
10. 5.5 to 6
11a. transabdominal
11b. transvaginal
12. abnormal
13a. empty
13b. 1
13c. myometrial
14. abortion
15. ruptured
16. Morison pouch
17. ring of fire
18. conservative
19a. methotrexate
19b. division
19c. conservative
20. surgical

**Short Answer**

1. A history of multiple sexual partners, PID, tubal surgeries, previous ectopic pregnancy(ies), endometriosis, congenital uterine/tubal irregularities, placenta previa history, smoking, IUD, advanced maternal age, ART, IVF, ovulation induction techniques, and clomiphene citrate all may be reasons for difficulty of an ovum being transported to the endometrial cavity.

2. Adnexal masses can be visualized as a tubal ring, a complex or solid adnexal mass, a nonliving embryo or yolk sac, or a live embryo with cardiac motion. The adnexal mass is more explicitly an ectopic pregnancy when a yolk sac or embryo is seen within it. A tubal ectopic pregnancy is usually seen as the tubal ring sign, which is a hyperechoic ring that surrounds an extraterine gestational sac, this should move independent from the adjacent ovary.

3. Ovarian pregnancy is highly likely with a wide echogenic ring and internal echoes in the absence of uterine contents. A corpus luteum cyst will present with clear borders and as an anechoic chamber.

4.

<table>
<thead>
<tr>
<th>Structure</th>
<th>Time in weeks visualized by TV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yolk sac</td>
<td>5 weeks</td>
</tr>
<tr>
<td>Cardiac activity</td>
<td>5.5 to 6 weeks</td>
</tr>
<tr>
<td>Double decidual sac sign</td>
<td>4.5 to 5 weeks</td>
</tr>
</tbody>
</table>

**Image Evaluation/Pathology**

1. This is a longitudinal image of a cervical pregnancy. It was obtained using TV. The thin arrow points to a fetal pole; the thick arrow points to a gestational sac within the cervical endometrium.

2. Ovarian ectopic.

3. The image shows a transabdominal longitudinal uterus and posterior cut-de-sac (CDS) pregnancy. The arrow is directed at the urinary bladder.

4. Free fluid is seen in Morison's pouch caused by fluid collecting in the gravity-dependent portion of the peritoneal cavity when in the supine position.

5. This is an early unruptured tubal ectopic pregnancy displaying a tubal ring sign (arrow).
CASE STUDY

1. Image A discloses a normal appearing IUP with crown-rump length of the fetus (black arrow) matching the patient’s EDC. Image B displays a mass (seen between the calipers) medial to the left ovary. This was determined to be a concomitant tubal ectopic pregnancy.

2. Note the similar appearance of the ring of fire (white arrowhead) seen surrounding a tubal ectopic pregnancy and color Doppler (long white arrow) flow seen around the corpus luteal cyst. It is important to collect laboratory data determining pregnancy status, pelvic history, and the current region of concern or pain.