ANSWERS: CHAPTER 30

MATCHING

1. f   4. c   7. a   10. k
2. i   5. e   8. h   11. g
3. l   6. j   9. b   12. d

MULTIPLE CHOICE

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

FILL-IN-THE-BLANK

1. puerperium
2a. hematomas
2b. abscesses
3a. physiologic
3b. biochemical
4a. translabial
4b. transperineal
5a. flaccid
5b. 1 month
6a. 500
6b. 1,000
7. decidua basalis
8a. delivery
8b. hysterectomy
9a. 100.4°F/38°C
9b. 2
10a. thick
10b. fluid
11. placental polyp
12a. hypercoagulability of blood during pregnancy and the postpartum period
12b. venous stasis
12c. venous wall damage as a result of uterus expansion and contraction
13a. IV
13b. filters
13c. antibiotics
14. Hematomas
15. hemorrhage

SHORT ANSWER

1. Migration of normal vaginal flora into the postpartum endometrium, as well as premature rupture of membranes, retained products of conception (RPOC), and prolonged labor may cause puerperium infection. Vaginal delivery after a C-section also increases the incidence of endometritis.

2. RPOC (retained products of conception) is incomplete expulsion of the pregnancy, such as placenta, fluid, blood, and, in the case of a miscarriage, fetal parts. The sonographic appearance is that of a highly echogenic mass in the endometrial canal.

3. C-section complications to the mother are: infection, fever, hemATOMAS, placenta accreta, increta, and percreta, heavy blood loss, blood clot in the lungs or legs, nausea, vomiting, severe headache, placenta previa with future pregnancies, and (rarely) maternal death.

4. CT scan, MRI, ultrasound to include transabdominal, transvaginal, translabial, and transperineal areas.

IMAGE EVALUATION/PATHOLOGY

1. This postpartum uterus demonstrates a thick endometrium (between arrows) within a large bulky uterus. Color Doppler should be performed and complete measurements taken for comparison with follow-up ultrasound examinations to determine normalcy. The patient should be followed for fever, pain, tenderness, RPOC, and excessive bleeding. Hopefully, thinning of the endometrium will occur spontaneously.

2. Midline sagittal and transverse images of the uterus display accreta in an early pregnancy.

3. This is an endometritis (inflamed uterine endometrium) patient with pyometra (pus in the uterus). The condition can be life threatening and occurs when bacteria traverses the endometrium.

4. A polyp is seen within the uterine endometrium. Shadowing is seen from two echogenic regions within the polyp. This polyp is easily visualized due to endometrium housing hypoechoic material. Treatment includes watchful waiting, medications intent on decreasing the polyp, biopsy, curettage, surgical removal, and hysterectomy.

CASE STUDY

1. A complex-appearing postsurgical cesarean incision abscess is visualized. Blood flow should be documented, as well as complete measurements for follow-up imaging.

2. Duplex imaging was used to produce documentation of the heterogenous hematoma. Measurements should be collected of the hematoma and solid component. Blood flow must be documented. Typically, this condition will require serial sonography for resolution.