



17

Female Genitalia

LEARNING OBJECTIVES

After studying Chapter 17 in the textbook and completing this section of the workbook, students should be able to:

1. Conduct a history related to the female genitalia.
2. Discuss examination techniques for the female genitalia.
3. Identify normal age and condition variations of the female genitalia.
4. Recognize findings that deviate from expected findings.
5. Relate symptoms or clinical findings to common pathologic conditions.

TEXTBOOK REVIEW

Chapter 17 Female Genitalia (pages 584–647)

CONTENT REVIEW QUESTIONS

Multiple Choice

Circle the correct answer for each of the following questions.

1. Which finding is suggestive of pelvic inflammatory disease?
 - a. enlargement of ovaries
 - b. everted cervix
 - c. pain resulting from movement of cervix
 - d. unilateral labial swelling, redness, and tenderness
2. Which finding would be of concern during an examination of an elderly female patient?
 - a. palpable ovaries
 - b. small and pale cervix
 - c. constriction of the vaginal introitus
 - d. absence of vaginal rugation

3. While palpating the introitus of the vagina, the patient jumps and complains of severe tenderness. A mass is palpated that is warm to touch. Which of the following problems are these clinical findings consistent with?
 - a. cancer of the cervix
 - b. inflammation of the Bartholin's glands
 - c. a cystocele
 - d. acute genital wart infection

4. Which finding may be indicative of a pelvic mass? The cervix is:
 - a. pale in color.
 - b. deviating to the right.
 - c. protruding 2.5 cm into the vagina.
 - d. pointing anteriorly.

5. The vagina, uterus, fallopian tubes, and ovaries are supported by four ligaments. Which of the following is a normal examination finding that evaluates this support? The:
 - a. uterus can be moved back and forth with manipulation.
 - b. patient is able to tolerate a wide-blade speculum during examination.
 - c. uterus and ovaries are easily assessed with bimanual palpation.
 - d. vagina and uterus are fixed and do not move with manipulation.

6. Which information is accurate and appropriate for an examiner to share with the patient following a Pap smear?
 - a. "You may have heavier bleeding with your next menstrual period."
 - b. "You may experience abdominal cramping for the next couple of days."
 - c. "You will feel nauseated for the rest of the day."
 - d. "You may experience mild bleeding or spotting over the next couple of hours."

7. A patient complains of pain, dysmenorrhea, and heavy prolonged menstrual flow. Tender nodules are palpable along the uterosacral ligament. The symptoms and findings suggest:
 - a. pelvic inflammatory disease.
 - b. endometriosis.
 - c. ectopic pregnancy.
 - d. ovarian cancer.

8. An examiner plans to collect samples for cytologic studies during a vaginal examination. Prior to the examination, the examiner should lubricate the speculum with:
 - a. a water-soluble lubricant.
 - b. topical anesthetizing ointment.
 - c. warm water.
 - d. vaginal secretions.

9. Symptoms associated with PMS are caused by:
 - a. ovulation.
 - b. thickening of the uterine lining.
 - c. elevations in body temperature.
 - d. fluctuations in hormone levels.

10. When examining a woman who has had a hysterectomy, the examiner should:
 - a. delete the bimanual and palpation maneuvers.
 - b. obtain a Pap smear from the suture line.
 - c. omit cultures and specimens from the vagina.
 - d. palpate internal areas before inserting the speculum.

11. A patient complains of urinary incontinence when she is active. Which associated finding might explain this problem?
 - a. hernial protrusion in the posterior wall of the vagina
 - b. hernial protrusion through the anterior wall of the vagina
 - c. symptoms associated with PMS
 - d. enlargement and protrusion of the cervix into the vaginal vault
12. Which finding suggests an infection with a sexually transmitted disease?
 - a. ulcers and vesicles on the vulva
 - b. atrophy of labia minora
 - c. dilation of the urethral orifice
 - d. bluish color to the cervix
13. The examiner observes a slit-shaped cervical os in a nulliparous woman. Which of the following data in her history explains this finding? The patient:
 - a. had early onset of menarche.
 - b. has had multiple sex partners.
 - c. has had infection with the human papilloma virus (HPV).
 - d. had an abortion as a teenager.
14. A prominent labia minora in a newborn:
 - a. indicates a maternal infection.
 - b. suggests ambiguous genitalia.
 - c. is consistent with prematurity.
 - d. is a normal finding.
15. The mother of a 6-year-old girl expresses concern that her daughter seems to be experiencing vaginal bleeding. Which statement regarding vaginal bleeding in children is true?
 - a. Vaginal bleeding in children is always a sign of sexual abuse.
 - b. Vaginal bleeding in children is always clinically important.
 - c. Vaginal bleeding in children is most commonly caused by carcinoma of the cervix.
 - d. Occasional vaginal bleeding in the child is considered a benign finding.
16. Softness of the cervix is an expected finding for:
 - a. an adolescent.
 - b. a pregnant woman.
 - c. a nonpregnant woman.
 - d. an older adult.
17. In what way is the pelvic outlet estimated on a pregnant patient?
 - a. Insert a speculum into the patient's vagina and open as widely as possible. Measure the distance between the two blades.
 - b. Insert two fingers into the vagina until fingers touch the cervix. Measure the distance to the cervix.
 - c. Place the palm of the hand over the perineum, spread fingers to the width of the ischial tuberosities, and measure.
 - d. Use a Thom pelvimeter to measure the bi-ischial diameter.
18. A cauliflower-like mass found on the labia of a female patient is most likely caused by:
 - a. primary syphilis.
 - b. condyloma latum.
 - c. condyloma acuminatum.
 - d. venereal herpes.

19. A sexually active, single, 22-year-old patient complains of a “gross” vaginal discharge. Which of the following questions helps the examiner understand this symptom?
 - a. “Do you use condoms?”
 - b. “What type of oral contraceptives do you take?”
 - c. “At what age did you start menstruating?”
 - d. “Do you have a family history of ovarian or breast cancer?”

20. A 62-year-old female patient went through menopause about 14 years ago. Which statement made by this patient indicates a need for further follow-up?
 - a. “I have not been sexually active for about 4 years.”
 - b. “My pubic hair has become very thin.”
 - c. “I have small amounts of vaginal bleeding a couple of times a week.”
 - d. “I have been taking extra calcium since I reached menopause.”

Terminology Review

Matching

Match each type of malignancy to its corresponding risk factors. Some risk factors have more than one answer.

Risk Factor	Malignancy
21. _____ History of breast cancer	O: ovarian cancer
22. _____ Smoking	C: cervical cancer
23. _____ Infertility or nulliparity	E: endometrial cancer
24. _____ High socioeconomic status	
25. _____ Multiple pregnancies	
26. _____ Age 46	
27. _____ Multiple sex partners	
28. _____ Early menarche	
29. _____ Obesity	
30. _____ Infection with human papilloma virus	

Match each diagnostic lab test to the type of instrument used to collect the specimen.

Diagnostic Test	Instrument
31. _____ Gonococcal culture	a. Dacron swab
32. _____ Endocervical cells	b. Wet mount with KOH
33. _____ DNA probe for chlamydia and gonorrhea	c. Spatula
34. _____ <i>Trichomonas vaginalis</i>	d. Sterile cotton swab
35. _____ Both ectocervical and endocervical cells	e. Cytobrush
36. _____ Candidiasis	f. Wet mount with NaCl
37. _____ Ectocervical cells	g. Cervix brush

CONCEPTS APPLICATION

Compare and contrast various alternative positions for pelvic examination with the traditional lithotomy pelvic examination position by describing each position below and listing advantages or disadvantages of each.

<i>Position</i>	<i>Description</i>	<i>Advantages/Disadvantages</i>
Knee-chest		
Diamond-shape		
Obstetric stirrups		
M-Shape		
V-Shape		

CASE STUDY

Melinda is a 33-year-old female who presents to the urgent care center. Listed below are data collected by the examiner during the interview and examination.

Interview Data

Melinda tells the examiner, "I have a really bad pain in front of my butt. It hurts so much that I can't even wipe with a tissue after I go to the bathroom." Melinda indicates that the pain started two days ago and is much worse now. When asked about her sexual activity, she says, "I have a guy that I'm with, but it's not exclusive or anything. We see other people and try not to be real serious."

Examination Data

External: Typical hair distribution; urethral meatus intact; no redness or discharge. Perineum intact. Extreme pain response to palpation of vaginal opening. Swelling, redness, and mass detected on right side. Foul-smelling discharge noted.

Internal: Examination deferred because of extreme pain associated with inflammation.

1. What data deviate from normal findings, suggesting a need for further investigation?
2. What additional questions could the examiner ask to clarify symptoms?
3. What additional physical examination, if any, should the examiner complete?
4. What primary problems does the patient have?

CRITICAL THINKING

1. Lillian is a 42-year-old blind patient who requests a routine examination. How should the examiner approach this patient to best meet her needs?
2. Judy is a 16-year-old girl who is in the clinic for a school sports physical. How should her health history and an examination of her genitalia differ from that of an adult?