

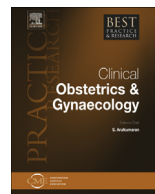


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Imaging in Gynaecology – Multiple Choice Questions Only for Vol. 28, No. 5

1. Miscarriage can be diagnosed with certainty on ultrasound in which of the following situations?
 - a) Gestational age greater than 9 weeks.
 - b) The presence of an embryo measuring 10 mm with no evidence of cardiac activity.
 - c) A gestational sac with yolk sac measuring more than 12 mm.
 - d) An empty uterus on the follow-up scan in a woman diagnosed with an intrauterine pregnancy on a previous scan.
 - e) A falling serum β HCG measurement over 48 hours in a Pregnancy of Unknown Location (PUL).
2. Which of the following is/are true about the diagnosis of ovarian torsion?
 - a) Clinical symptoms are less important than ultrasound findings.
 - b) Measuring intra-ovarian blood flow enables conclusive diagnosis of torsion.
 - c) The 'Whirlpool' sign is a useful feature.
 - d) Endometriomas tend to torsion more often than dermoid cysts.
 - e) Pain that resolves in suspected torsion is usually due to death of the ovary.
3. Which of the following is/are true about the diagnosis of multiple pregnancy?
 - a) Chorionicity cannot be determined before 7 weeks' gestation.
 - b) Monozygotic twins are always monochorionic.
 - c) The T sign is helpful in determining amnionity before 9 weeks of gestation.
 - d) The number of yolk sacs may be used to determine amnionity.
 - e) Gestational measurements of CRL in twins uses different reference ranges compared to singletons at 7 weeks.
4. Which of the following is/are true about the safety of ultrasound in the first trimester of pregnancy?
 - a) M-mode is safe to assess heart rate.
 - b) Doppler ultrasound produces higher energy output than M-mode.
 - c) Three-dimensional ultrasound increases the risk to the embryo.
 - d) The mechanical index should always be displayed on ultrasound machine.
 - e) A rise in tissue temperature up to 5°C is safe for the embryo.
5. Which of the following statements is/are correct regarding investigation of the endometrium?
 - a) It is safe to refrain from endometrial sampling in women with postmenopausal bleeding and endometrial thickness 4 mm or less.
 - b) It is safe to refrain from endometrial sampling in women with postmenopausal bleeding and endometrial thickness 5 mm or more if the endometrium has regular echogenicity and is poorly vascularised at colour or power Doppler ultrasound.

- c) The absence of focal lesions at saline-contrast sono-hysterography in women with postmenopausal bleeding is a strong sign of normality.
 - d) In women with postmenopausal bleeding and endometrial thickness 5 mm or greater focal lesions in the uterine cavity should be hysteroscopically resected under direct visual control.
 - e) If the endometrium is not seen at transvaginal ultrasound in a woman with postmenopausal bleeding it means that it is thin, and so the risk of endometrial malignancy is low and no endometrial sampling is needed.
6. Which of the following statements is/are correct further regarding investigation of the endometrium?
- a) Endometrial thickness measurements with transvaginal ultrasound play a pivotal role in the triage of women with irregular bleeding before the menopause.
 - b) At ultrasound examination, the endometrium is hyperechogenic throughout the menstrual cycle.
 - c) Endometritis has a typical appearance at transvaginal ultrasound examination.
 - d) Intracavitary lesions with the appearance of an endometrial polyp at saline-contrast sono-hysterography may regress if left in situ.
 - e) In premenopausal women, endometrial polyps are typically surrounded by a ring of colour at power Doppler ultrasound examination.
7. Which of the following statements is/are correct further regarding investigation of the endometrium and myometrium?
- a) Magnetic resonance imaging is superior to ultrasound for diagnosing adenomyosis.
 - b) Transvaginal ultrasound is as good as magnetic resonance imaging in detecting uterine leiomyomas.
 - c) Malignant uterine leiomyosarcomas have an ultrasound appearance that is distinctly different from that of benign uterine leiomyomas.
 - d) Magnetic resonance imaging is superior to ultrasound for discriminating between uterine leiomyosarcomas and benign uterine leiomyomas.
 - e) The typical ultrasound features of endometrial hyperplasia are the same in pre-and postmenopausal women.
8. Which of the following features of the myometrium is/are typically associated with adenomyosis?
- a) The presence of myometrial cystic areas.
 - b) The presence of asymmetric myometrial walls.
 - c) The presence of myometrial hypoechoic linear striations.
 - d) The presence of diffusely scattered myometrial vascularity.
 - e) The presence of round lesions with regular capsular vascularisation.
9. A deep infiltrating endometriotic nodule of the rectum appears as:
- a) A cyst with ground glass echogenicity.
 - b) An ultrasound hypoechoic lesion with irregular borders, stellate margins, and few vessels at power Doppler evaluation.
 - c) An ultrasound hyperechoic lesion with regular borders.
 - d) An ultrasound hypoechoic lesion with abundant vessels at power Doppler evaluation.
 - e) A cyst with irregular wall and papillary projections.
10. Pouch of Douglas obliteration diagnosed with transvaginal sonography using the sliding sign is an indirect sign of the presence of:
- a) Utero-vesical fold endometriosis.
 - b) Ovarian endometriosis.

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