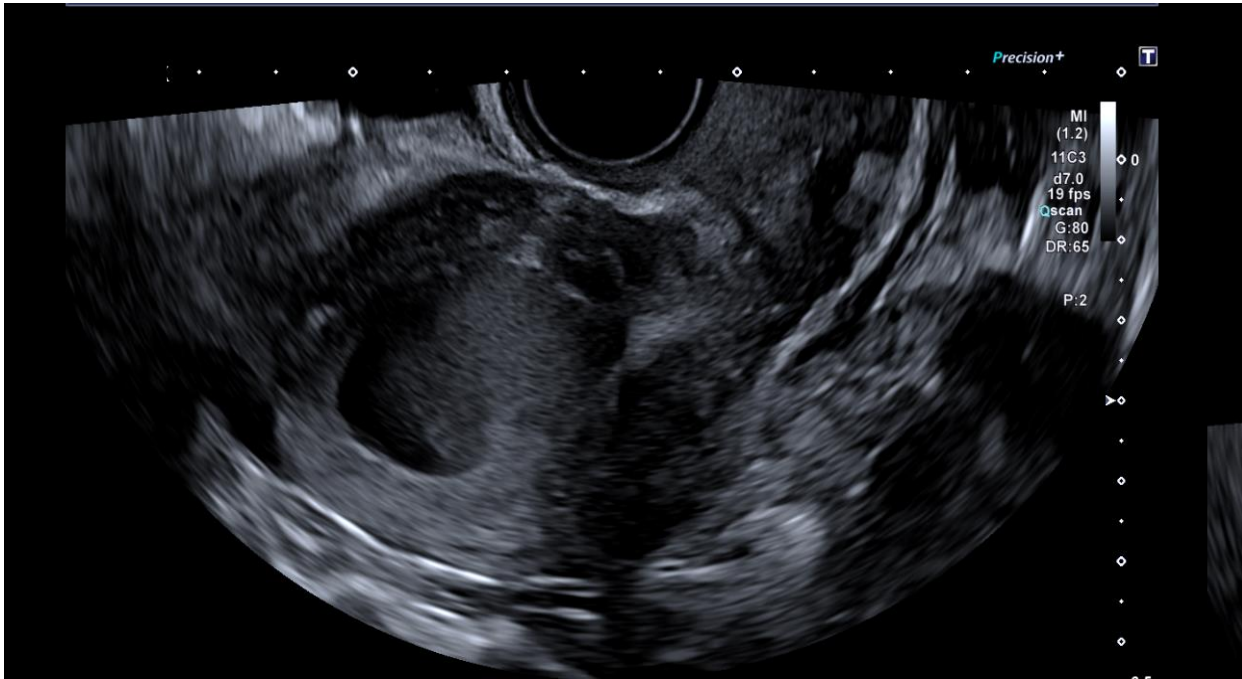


Gynaecological Ultrasound Case 3

February 2022

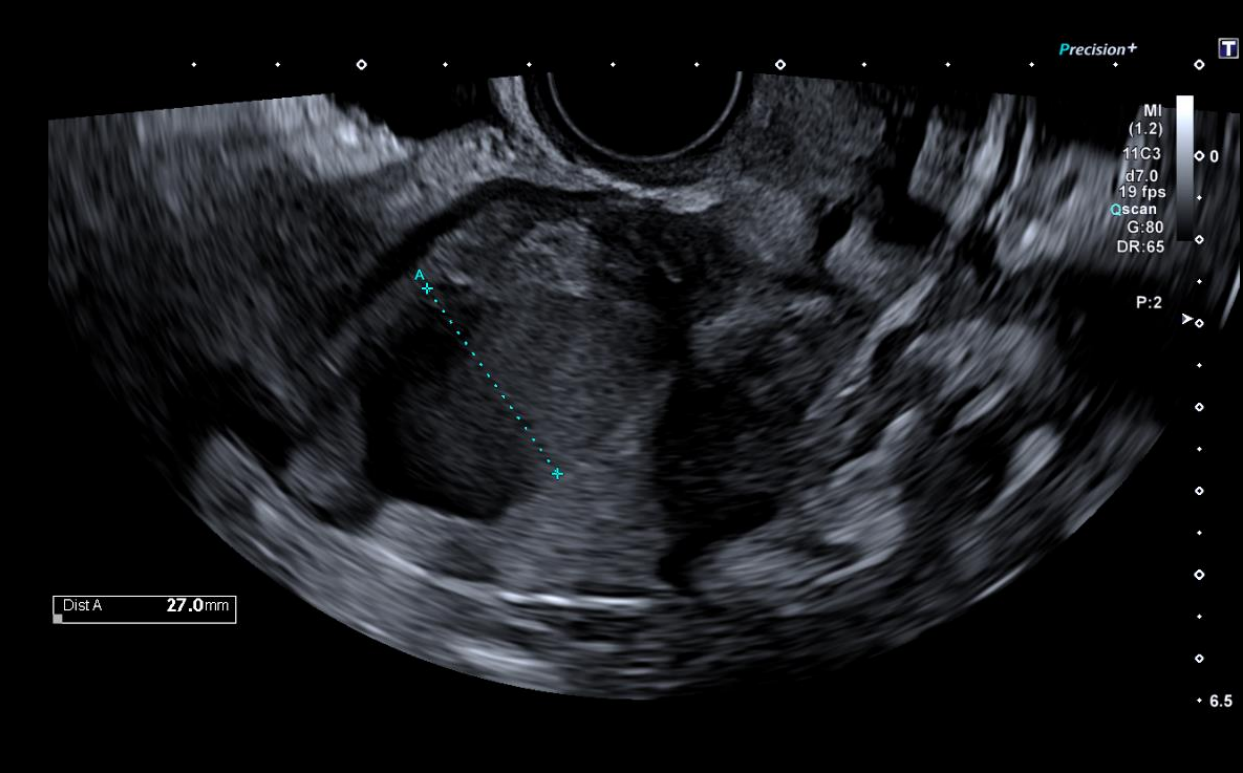
Clinical details:

GP referral. 45 y/o female. Severe cyclical cramping. Hx endometrial ablation.



Transvaginal sagittal views of uterus

Note: no vascularity detected with low velocity colour or power Doppler



Do not progress to next slide until you have attempted to write your own report

Ultrasound Report: transvaginal scan with patient verbal consent.

The endometrial cavity is distended with a dense fluid collection. The adjacent endometrium is thin. Appearance in keeping with haematometra, (known history of endometrial ablation).

Normal ultrasound appearances of both ovaries.

No adnexal masses or free fluid seen.

Conclusion: Haematometra. This corresponds with general region of patient pain/discomfort. Referral to gynaecology is warranted.

Haematometra fact file

Risk factors:

Congenital uterine abnormalities, imperforate hymen, vaginal hypoplasia, cervical stenosis, intrauterine adhesions, endometrial cancer, cervical cancer, endometrial ablation, female genital mutilation.

Symptoms:

Abnormal vaginal bleeding, dysmenorrhoea, amenorrhoea, asymptomatic.