

CHAPTER 7: FEMALE REPRODUCTIVE SYSTEM

Building a Medical Terminology Foundation 2e by Kimberlee Carter; Marie Rutherford; and Connie Stevens

- 7.1 – Introduction to the Female Reproductive System
- 7.2 – Anatomy (Structures) of the Female Reproductive System
- 7.3 – Physiology (Function) of the Female Reproductive System
- 7.4 – Female Reproductive Diseases, Disorders and Diagnostic Testing
- Vocabulary & Check Your Knowledge
- References

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7.1 - Introduction to the Female Reproductive System

Learning Objectives

- Identify the anatomy and describe the main functions of the female reproductive system
- Analyze, translate, and define medical terms and common abbreviations of the female reproductive system
- Practice the spelling and pronunciation of female reproductive system medical terminology
- Identify the medical specialties associated with the female reproductive system and explore common diseases, disorders, diagnostic tests and procedures

Female Reproductive System Word Parts

Click on prefixes, combining forms, and suffixes to reveal a list of word parts to memorize for the female reproductive system.

Female Reproductive System Word Parts

Prefix

- **peri-** (surrounding)
- **endo-** (within, inside)
- **a-** (absence of, without)
- **an-** (absence of, without)
- **dys-** (painful, difficult, abnormal, laboured)

Combining Form

- **archo/o** (first, beginning)

- **cervic/o** (cervix)
- **colp/o** (vagina)
- **endometri/o** (endometrium)
- **episi/o** (vulva)
- **gyn/o** (woman)
- **gynec/o** (woman)
- **hymen/o** (hymen)
- **hyster/o** (uterus)
- **mamm/o** (breast)
- **mast/o** (breast)
- **men/o** (menstruation)
- **metr/o** (uterus)
- **metr/i** (uterus)
- **oophor/o** (ovary)
- **pelv/i** (pelvis, pelvic bones, pelvic cavity)
- **perine/o** (perineum)
- **salping/o** (fallopian tube)
- **trachel/o** (cervix)
- **vagin/o** (vagina)
- **vulv/o** (vulva)

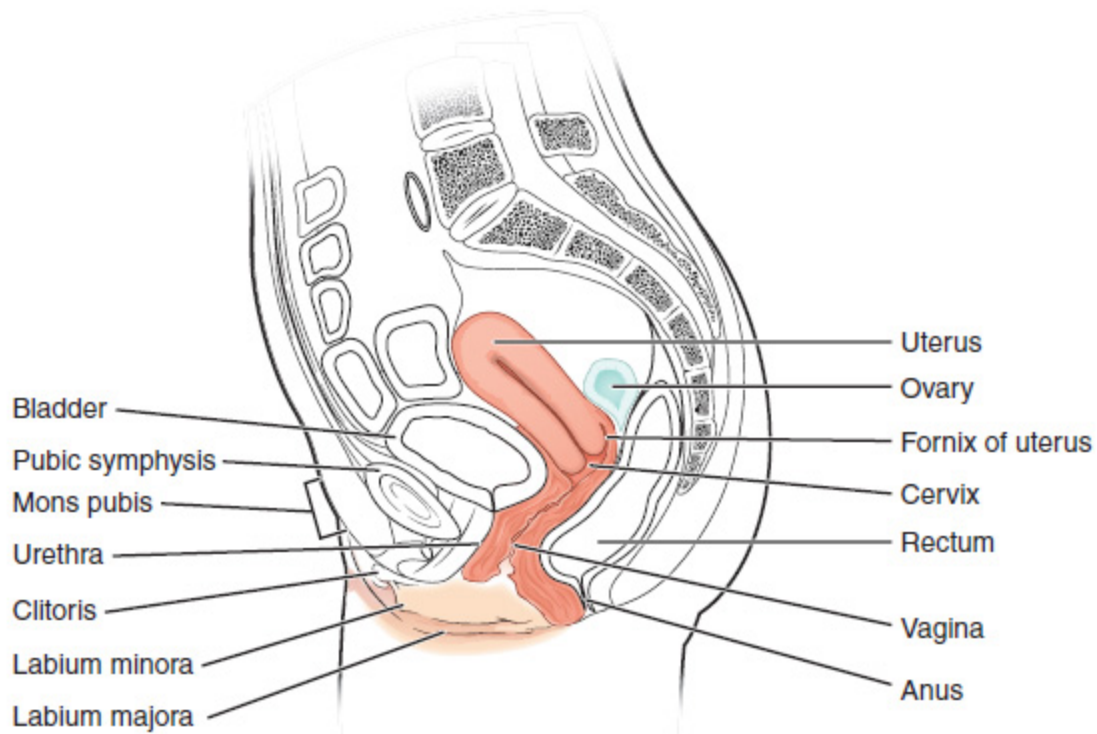
Suffix

- **-al** (pertaining to)
- **-atresia** (occlusion, closure)
- **-clesis** (surgical closure)
- **-ectomy** (excision, surgical removal)
- **-gram** (the record, radiographic image)
- **-graphy** (process of recording, radiographic imaging)
- **-itis** (inflammation)
- **-logist** (specialist or physician who studies and treats)
- **-logy** (study of)
- **-osis** (abnormal condition)
- **-pexy** (surgical fixation, suspension)
- **-plasty** (surgical repair)
- **-rrhaphy** (suturing, repairing)
- **-rrhea** (flow, discharge)
- **-salpinx** (fallopian tube)
- **-scope** (instrument used for visual examination)
- **-scopy** (visually examining)
- **-tomy** (cut into, incision)

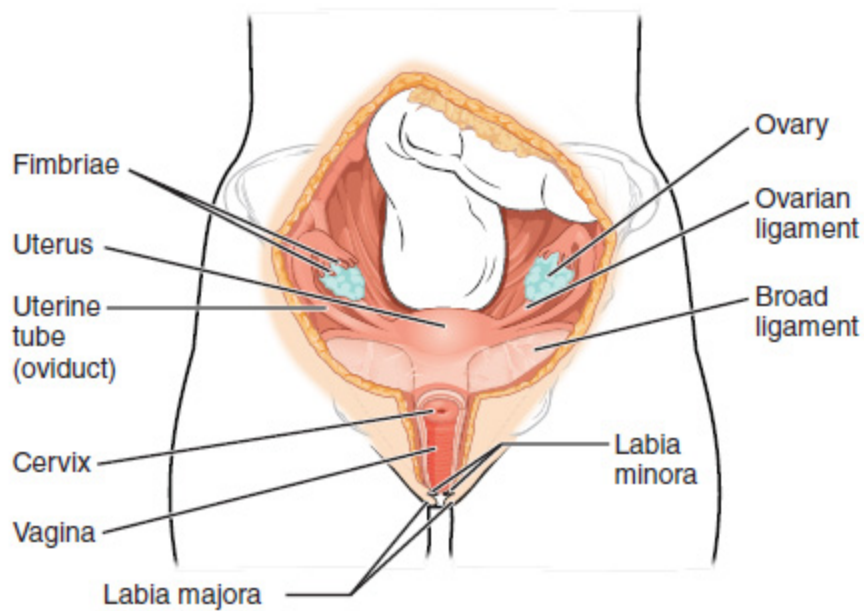
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Introduction to the Female Reproductive System

The female reproductive system produces **gametes** and reproductive hormones. In addition, the female reproductive system supports the developing fetus and delivers it to the outside world. The female reproductive system is located primarily inside the pelvic cavity. The female gonads are called ovaries and the gamete they produce is called an oocyte.



(a) Human female reproductive system: lateral view



(b) Human female reproductive system: anterior view

Figure 7.1 Female Reproductive System. The major organs of the female reproductive system are located inside the pelvic cavity. From Betts, et al., 2013. Licensed under CC BY 4.0. [Fig. 7.1 Image description.]

Watch **Reproductive System, Part 1 – Female Reproductive System: Crash Course Anatomy & Physiology #40 (10 min)** on YouTube (<https://youtu.be/RFDatCchpus>)

Female Reproductive System Medical Terms

Female Reproductive System Medical Terms (Text version)

Practice the following female reproductive system words by breaking into word parts and pronouncing.

1. **menarche**

- men/arche
- beginning of menstruation

2. **cervicitis**

- cervic/itis
- inflammation of the cervix

3. **endocervical**

- endo/cervic/al
- pertaining to within the cervix

4. **colpocleisis**

- colp/o/cleisis
- surgical closure of the vagina

5. **colpoperineorrhaphy**

- colp/o/perine/o/rrhaphy
- suturing of the vagina and the perineum

6. **colpoplasty**

- colp/o/plasty
- surgical repair of the vagina

7. **colporrhaphy**

- colp/o/rrhaphy
- suturing of (a tear in) the vagina

8. **colposcope**
 - colp/o/scope
 - instrument used to view the vagina and the cervix
9. **colposcopy**
 - colp/o/scopy
 - process of viewing the vagina
10. **endometriosis**
 - endometri/osis
 - abnormal condition of the endometrium
11. **endometritis**
 - endometr/itis
 - inflammation of the endometrium
12. **episiorrhaphy**
 - episi/o/rrhaphy
 - suturing of the vulva
13. **episioperineoplasty**
 - episi/o/perine/o/plasty
 - surgical repair of the vulva and the perineum
14. **gynopathic**
 - gyn/o/pathic
 - disease pertaining to the women
15. **gynecologist**
 - gynec/o/logist
 - specialist or physician who studies and treats disorders and diseases of women
16. **gynecology**
 - gynec/o/logy
 - study of women
17. **hymenectomy**
 - hymen/ectomy
 - excision of the hymen
18. **hymenotomy**

- hymen/o/tomy
 - incision into the hymen
19. **hysterectomy**
- hyster/ectomy
 - excision of the uterus
20. **hysteropexy**
- hyster/o/pexy
 - surgical fixation of the uterus
21. **hysterosalpingo-oophorectomy**
- hyster/o/salping/o/-oophor/ectomy
 - excision of the uterus, uterine tubes, and ovaries
22. **hysterosalpingogram (HSG)**
- hyster/o/salping/o/gram
 - radiographic image of the uterus and uterine tubes
23. **hysteroscope**
- hyster/o/scope
 - instrument used for visual examination of the uterus
24. **hysteroscopy**
- hyster/o/scopy
 - visual examination of the uterus
25. **sonohysterography (SHG)**
- son/o/hyster/o/graphy (SHG)
 - process of recording the uterus by use of sound
26. **mammoplasty**
- mamm/o/plasty
 - surgical repair of the breast
27. **mammogram**
- mamm/o/gram
 - radiographic image of the breast
28. **mammography**
- mamm/o/graphy

- radiographic imaging of the breast
29. **mastitis**
- mast/itis
 - inflammation of the breast
30. **mastectomy**
- mast/ectomy
 - surgical removal of the breast
31. **mastopexy**
- mast/o/pexy
 - surgical fixation of the breast
32. **mastalgia**
- mast/algia
 - pain in the breast
33. **dysmenorrhea**
- dys/men/o/rrhea
 - painful menstrual flow
34. **amenorrhea**
- a/men/o/rrhea
 - absence of menstrual flow
35. **menometrorrhagia**
- men/o/metr/o/rrhagia
 - excessive bleeding from the uterus at menstruation
36. **menorrhagia**
- men/o/rrhagia
 - excessive bleeding at menstruation
37. **metrorrhagia**
- metr/o/rrhagia
 - excessive bleeding from the uterus
38. **oligomenorrhea**
- olig/o/men/o/rrhea
 - scanty menstrual flow

39. **myometritis**
- my/o/metr/itis
 - inflammation of the uterine muscle
40. **perimetritis**
- peri/metr/itis
 - inflammation surrounding the uterus
41. **oophoritis**
- oophor/itis
 - inflammation of the ovary
42. **oophorectomy**
- oophor/ectomy
 - excision of the ovary
43. **pelviscopic**
- pelv/i/scop/ic
 - pertaining to visual examination of the pelvic cavity
44. **pelviscopy**
- pelv/i/scopy
 - visual examination of the pelvic cavity
45. **perineorrhaphy**
- perine/o/rrhaphy
 - suturing of (a tear in) the perineum
46. **salpingitis**
- salping/itis
 - inflammation of a fallopian/uterine tube
47. **salpingectomy**
- salping/ectomy
 - excision of the uterine/fallopian tube
48. **salpingo-oophorectomy**
- salping/o/-oophor/ectomy
 - excision of the uterine tube and ovary
49. **salpingostomy**

- salping/o/stomy
 - creation of an artificial opening in the uterine tube
50. **trachelectomy**
- trachel/ectomy
 - excision of the cervix
51. **trachelorrhaphy**
- trachel/o/rrhaphy
 - suturing of the cervix
52. **vaginitis**
- vagin/itis
 - inflammation of the vagina
53. **vaginosis**
- vagin/osis
 - abnormal condition of the vagina
54. **vulvovaginitis**
- vulv/o/vagin/itis
 - inflammation of the vulva and vagina
55. **vaginal**
- vagin/al
 - pertaining to the vagina
56. **vesicovaginal**
- vesic/o/vagin/al
 - pertaining to the bladder and the vagina
57. **vulvovaginal**
- vulv/o/vagin/al
 - pertaining to the vulva and vagina
58. **vulvectomy**
- vulv/ectomy
 - excision of the vulva
59. **hematosalpinx**
- hemat/o/salpinx

- blood in the uterine/fallopian tube
60. **hydrosalpinx**
- hydro/salpinx
 - water in the uterine/fallopian tube
61. **pyosalpinx**
- py/o/salpinx
 - pus in the uterine/fallopian tube
62. **leukorrhea**
- leuk/o/rrhea
 - white discharge
63. **menopause**
- men/o/pause
 - cessation on menstruation
64. **menses**
- men/ses
 - the monthly bleeding from the uterus
65. **perimenopause**
- peri/men/o/pause
 - period of time before and after menopause

Activity Source: Female Reproductive System Medical Terms by Kimberlee Carter, licensed under CC BY 4.0.

Image Descriptions

Figure 7.1 image description: This figure shows the structure and the different organs in the female reproductive system. The top panel shows the lateral view with labels (clockwise from top): uterus, ovary, fornix of uterus, cervix, rectum, vagina, anus, labium majora, labium minora, clitoris, urethra, mons pubis, pubic symphysis, bladder; and the bottom panel shows the anterior view with labels (clockwise from top): ovary, ovarian ligament, broad ligament, labia minora, labia majora, vagina, cervix, uterine tube, uterus, fimbriae. [Return to Figure 7.1].

Attribution

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7.2 - Anatomy (Structures) of the Female Reproductive System

External Female Genitals

The external female reproductive structures are referred to collectively as the **vulva** and they include:

- The **mons pubis** is a pad of fat that is located at the anterior, over the pubic bone. After puberty, it becomes covered in pubic hair.
- The **labia majora** (labia = “lips”; majora = “larger”) are folds of hair-covered skin that begin just posterior to the mons pubis.
- The **labia minora** (labia = “lips”; minora = “smaller”) is thinner and more pigmented and extends medially to the labia majora.
 - Although they naturally vary in shape and size from woman to woman, the labia minora serve to protect the female urethra and the entrance to the female reproductive tract.
 - The superior, anterior portions of the labia minora come together to encircle the **clitoris** (or glans clitoris), an organ that originates from the same cells as the glans penis and has abundant nerves that make it important in sexual sensation and orgasm. The **hymen** is a thin membrane that sometimes partially covers the entrance to the **vagina**.
- The vaginal opening is located between the opening of the urethra and the anus. It is flanked by outlets to the **Bartholin's glands**.

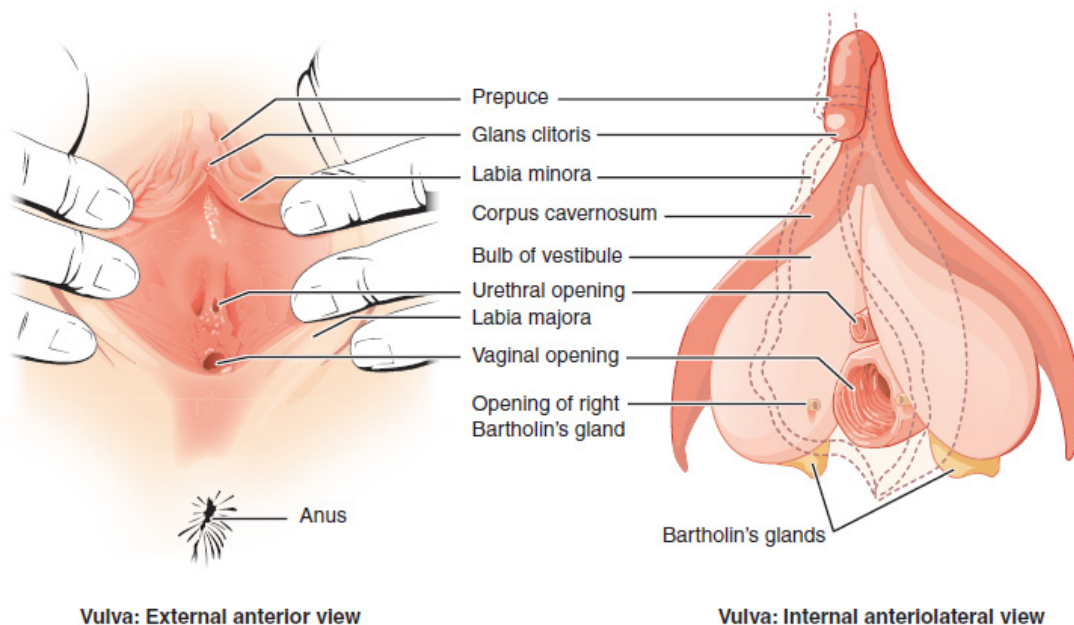


Figure 7.2. The Vulva. The external female genitalia are referred to collectively as the vulva. From Betts, et al., 2013. Licensed under CC BY 4.0. [Fig. 7.2 Image description.]

Internal Female Reproductive Organs

Vagina

The **vagina** is a muscular canal (approximately 10 cm long) that is the entrance to the reproductive tract. It also serves as the exit from the uterus during menses and childbirth. The outer walls of the anterior and posterior vagina are columns with ridges. The superior **fornix** meets the uterine cervix. The cervix is the opening to the uterus.

The walls of the vagina are lined with:

- An outer, fibrous adventitia
- A middle layer of smooth muscle
- An inner mucous membrane with transverse folds called **rugae**

Together, the middle and inner layers allow the expansion of the vagina to accommodate intercourse and childbirth. The thin, perforated hymen can partially surround the opening to the vaginal orifice. The **Bartholin's glands** and the lesser vestibular glands (located near the clitoris) secrete mucus, which keeps the vestibular area moist.

The vagina has a normal population of microorganisms that help to **protect** against infection. There is both pathogenic bacteria and yeast in the vagina. In a healthy woman, the most predominant type of vaginal bacteria is from the genus *Lactobacillus*, which secretes lactic acid. The lactic acid protects the vagina by maintaining an acidic pH (below 4.5).

Lactic acid, in combination with other vaginal secretions, makes the vagina a self-cleansing organ. However, **douching** can disrupt the normal balance of healthy microorganisms, and increase a woman's risk for infections and irritation. It is recommended that women do not douche and that they allow the vagina to maintain its normal healthy population of protective microbial flora.

Ovaries

The **ovaries** are the female gonads. There are two, one at each entrance to the fallopian tube. They are each about 2 to 3 cm in length, about the size of an almond. The ovaries are located within the pelvic cavity. The ovary itself is attached to the uterus via the ovarian ligament. The ovarian stroma forms the bulk of the adult ovary. Oocytes develop within the outer layer of this stroma, each surrounded by supporting cells. This grouping of an oocyte and its supporting cells is called a **follicle**.

The Fallopian Tubes

The fallopian tubes are the conduit of the **oocyte** from the ovary to the uterus. Each of the two fallopian tubes is close to, but not directly connected to, the ovary.

- The **isthmus** is the narrow medial end of each uterine tube that is connected to the uterus.
- The wide distal **infundibulum** flares out with slender, finger-like projections called **fimbriae**.
- The middle region of the tube, called the **ampulla**, is where fertilization often occurs.

The fallopian tubes have three layers:

- An outer serosa
- A middle smooth muscle layer
- An inner mucosal layer
 - In addition to its mucus-secreting cells, the inner mucosa contains ciliated cells that beat in the direction of the uterus, producing a current that will be critical to moving the **oocyte**.

Did You Know?

Fallopian tubes are not connected to the ovaries. Instead fimbriae catch the oocyte like a baseball in a glove.

The Uterus and Cervix

The **uterus** is the muscular organ that nourishes and supports the growing embryo. Its average size is approximately 5 cm wide by 7 cm long and it has three sections.

- The portion of the uterus **superior** to the opening of the uterine tubes is called the **fundus**.
- The middle section of the uterus is called the **body of uterus** (or corpus).
- The **cervix** is the narrow **inferior** portion of the uterus that projects into the vagina.
 - The cervix produces mucus secretions that become thin and stringy under the influence of high systemic plasma estrogen concentrations, and these secretions can facilitate sperm movement through the reproductive tract.

The wall of the uterus is made up of three layers:

- **Perimetrium:** the most superficial layer and serous membrane.
- **Myometrium:** a thick layer of smooth muscle responsible for uterine contractions.
- **Endometrium:** the innermost layer containing a connective tissue lining covered by epithelial tissue that lines the lumen. It provides the site of implantation for a fertilized egg and sheds during menstruation if no egg is fertilized.

Check Your Knowledge of the Female Reproductive System

Female Reproductive System Medical Abbreviations

Learn the abbreviations using the list below.

Female Reproductive System Medical Abbreviations

- **BC** (birth control)
- **BSO** (bilateral salpingo-oophorectomy)
- **Cx** (cervix)
- **D&C** (dilation and curettage)
- **FCC** (fibrocystic changes to the breast)
- **GYN** (gynecology)
- **HPV** (human papillomavirus)
- **HRT** (hormone replacement therapy)
- **HSG** (hysterosalpingogram)
- **IUD** (intrauterine device)
- **LAVH** (laparoscopically assisted vaginal hysterectomy)
- **PCOS** (polycystic ovarian syndrome)
- **PID** (pelvic inflammatory disease)
- **PMS** (premenstrual syndrome)
- **SGH** (sonohysterography)
- **TAH** (total abdominal hysterectomy)
- **TLH** (total laparoscopic hysterectomy)
- **TSS** (toxic shock syndrome)
- **TVH** (total vaginal hysterectomy)
- **TVS** (transvaginal sonography)
- **UAE** (uterine artery embolization)

Activity source: Female Reproductive System Common Abbreviations by Kimberlee Carter, licensed under CC BY 4.0.

Concept Check

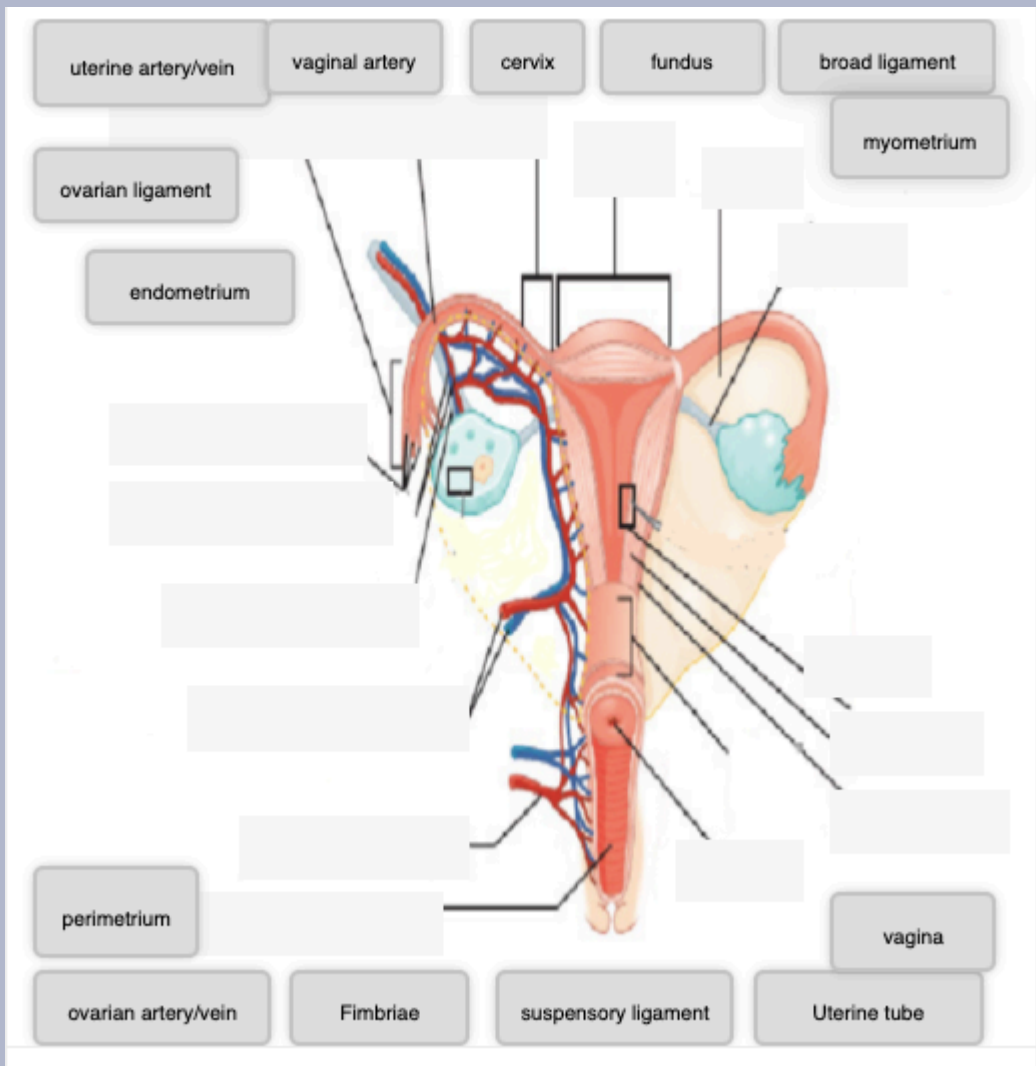
- Write or draw out the components of the pathway that an **oocyte** takes from beginning to end.
- Why do you think the **fallopian tubes** are not connected to the **ovaries**?

Anatomy Labeling Activity

Anatomy Labeling Activity (Text Version)

Label the diagram correctly with the following words:

- | | | |
|------------------------|---------------------|-------------------------|
| 1. Broad Ligament | 6. Cervix | 11. Ovarian artery/vein |
| 2. Fundus | 7. Myometrium | 12. Fimbriae |
| 3. Uterine Tube | 8. Ovarian Ligament | 13. Suspensory Ligament |
| 4. Uterine artery/vein | 9. Endometrium | 14. Vagina |
| 5. Vaginal Artery | 10. Perimetrium | |



Anatomy Labeling Activity Diagram (Text Version)

Diagram of female reproductive system featuring anatomy organs and structures. The _____[Blank 1] also known as the fallopian tubes are positioned at the right top portion of the diagram. Extending from the uterine tube is finger-like projects known as _____[Blank 2]. The _____[Blank 3] is also known as the womb, is a hollow, muscular organ located in the pelvis between the bladder and rectum. The _____[Blank 4] supplies blood to the uterus. The _____[Blank 5] of uterus, also called the uterine fundus, refers to the dome-shaped, rounded superior part of the body of the uterus that lies above the opening. The _____[Blank 6] and the round ligaments of the uterus serve as secondary support for the uterus within the pelvis. The _____[Blank 7] is a fold of tissue arising from the peritoneum and extends out from the ovaries. The _____[Blank 8] connects the ovaries to the lateral surface of the uterus. The _____[Blank 9] supplies blood to the ovaries. The three layers of the uterus from outside to inside are the _____[Blank 10], _____[Blank 11], _____[Blank 12]. The neck of the uterus is called the cervix. The _____[Blank 13] is a muscular canal connecting the

cervix of the uterus and serves as the birth canal during childbirth. The _____[Blank 14] supplies the vagina with blood.

Check your answers:¹

Activity source: Female Reproductive System Anatomy by Kimberlee Carter, from *Building a Medical Terminology Foundation*, illustration from *Anatomy and Physiology (OpenStax)*, licensed under CC BY 4.0./ Text version added.

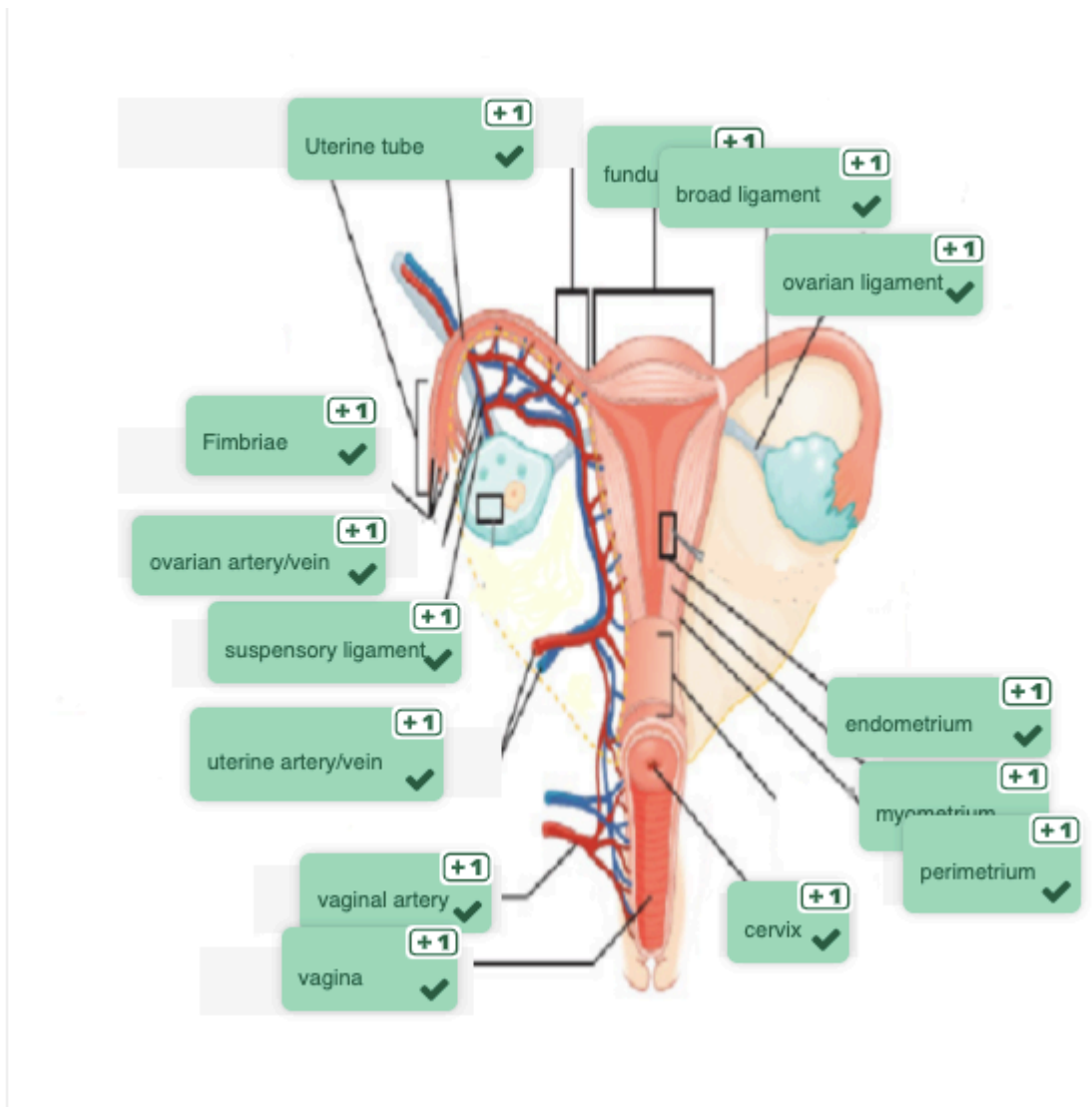
Image Descriptions

Figure 7.2 image description: This figure shows the parts of the vulva. The right panel shows the external anterior view and the left panel shows the internal anteriolateral view. The major parts are labeled (from top): prepuce, glans clitoridis, labia minora, corpus cavernosum, bulb of vestibule, urethral opening, labia majora, vaginal opening, opening of right Bartholin's gland, Bartholin's glands, anus. [Return to Figure 7.2].

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Notes



1.

Anatomy Labeling Activity Diagram (Text Version) Diagram of female reproductive system featuring anatomy organs and structures. The **uterine tube** also known as the fallopian tubes are positioned at the right top portion of the diagram. Extending from the uterine tube is finger-like projects known as **fimbriae**. The **uterus** is also known as the womb, is a hollow, muscular organ located in the pelvis between the bladder and rectum. The **uterine artery/vein** supplies blood to the uterus. The **fundus** of uterus, also called the uterine fundus, refers to the dome-shaped, rounded superior part of the body of the uterus that lies above the opening. The **broad ligament** and the round ligaments of the uterus serve as secondary support for the uterus within the pelvis. The **suspensory ligament** is a fold of tissue arising from the peritoneum and extends out from the ovaries. The **ovarian ligament** connects the ovaries to the lateral surface of the uterus. The **ovarian artery/vein** supplies blood to the ovaries. The three layers of the uterus from outside to inside are the **endometrium**, **myometrium**, **perimetrium**. The neck of the uterus is called the cervix. The **vagina** is a muscular canal connecting the cervix of the uterus and serves as the birth canal during childbirth. The **vaginal artery** supplies the vagina with blood.

7.3 - Physiology (Function) of the Female Reproductive System

Ovulation

Following ovulation, the Fallopian tube receives the oocyte. Oocytes lack flagella, and therefore cannot move on their own.

- High concentrations of estrogen that occur around the time of ovulation induce contractions of the smooth muscle along the length of the Fallopian tube.
- These contractions occur every 4 to 8 seconds, causing the oocyte to flow towards the uterus, through the coordinated beating of the cilia that line the outside and lumen of the length of the Fallopian tube, which pulls the oocyte into the interior of the tube.
- Once inside, the muscular contractions and beating cilia move the oocyte slowly toward the uterus.
- When fertilization does occur, sperm typically meet the egg while it is still moving through the ampulla.

Watch this video

Watch the MedLine Plus video **Ovulation [Video]** to observe ovulation and its initiation in response to the release of FSH and LH from the pituitary gland.

Media 7.2: Ovulation. From Betts, et al., 2013. Licensed under CC BY 4.0.

The Menstrual Cycle

The menstrual cycle is a series of changes the female body goes through monthly to prepare for pregnancy. There are three phases of the menstrual cycle.

1. The **menses phase** of the menstrual cycle is the phase during which reproductive hormone levels are low, the woman menstruates, and the lining is shed. The menses phase lasts between 2 – 7 days with an average of 5 days.
2. The **proliferative phase** is when menstrual flow ceases and the endometrium begins to **proliferate**. During this phase, reproductive hormones are working in **homeostasi** to trigger ovulation on approximately day 14 of a typical 28-day menstrual cycle. Ovulation marks the end of the proliferative phase.
3. The **secretory phase** is when the endometrial lining prepares for implantation of a fertilized egg. If no pregnancy occurs within approximately 10- 12 days, the endometrium will grow thinner and shed starting

the first day of the next cycle.

Menopause

Menopause is the period of life when a woman will permanently stop having menstrual flows. The menopause is determined after the woman has gone 1 year with no menstruation periods. Menopause is a natural process of a woman growing older. It does not require treatment unless the woman is suffering frequent or severe symptoms. Common menopause symptoms are hot flashes, vaginal dryness, trouble sleeping, and mood changes. Symptoms may improve in the second year after menopause.

Medical Terms in Use

Female Reproductive System Terms Not Easily Broken into Word Parts

Female Reproductive System (Text version)

Practice these female reproductive medical terms that are not easily broken into word parts.

1. **adenomyosis**

- (ad-ě-nō-mī-Ō-sis)
- growth of endometrium into the other muscular portion of the uterus

2. **anovulation**

- (an-ov-yŭ-LĀ-shŏn)
- absence of ovulation

3. **Bartholin's glands**

- (BAR-tō-lĭns glĀns)
- Also known as greater vestibular glands they are responsible to secrete mucus to keep the vestibular area moist

4. **breast cancer**

- brest KAN-sĕr

- malignant tumor of the breast
5. **cervical cancer**
 - SĚR-vi-kāl KAN-sěr
 - malignant tumor of the cervix, which progresses from cervical dysplasia to carcinoma. Its cause is linked to human papillomavirus (HPV) infection.
 6. **contraception**
 - kon-trā-SEP-shōn
 - intentional prevention of conception (pregnancy)
 7. **dyspareunia**
 - dis-pǎ-ROO-nē-ǎ
 - difficult or painful intercourse
 8. **endometrial cancer**
 - en-dō-MĚ-trē-āl KAN-sěr
 - malignant tumor of the endometrium (also called uterine cancer)
 9. **fibrocystic changes of the breast (FCC)**
 - fī-brō-SĪS-tīk brest
 - fibrosis, benign cysts, and pain or tenderness in one or both breasts (also called fibrocystic breasts)
 10. **fistula**
 - FIS-chŭ-lǎ
 - abnormal passageway between two organs or an internal organ and the body surface
 11. **hormonal replacement therapy (HRT)**
 - replacement of hormones, estrogen, and progesterone, typically to treat symptoms associated with menopause
 12. **menopause**
 - MEN-ō-poz
 - cessation of menstruation
 13. **oligoovulation**
 - ol-i-gō-ov-yŭ-LĀ-shōn
 - infrequent ovulation
 14. **ovarian cancer**

- ō-VAR-ē-ǎn KAN-sĕr
 - malignant tumor of the ovary
15. **ovulation**
- ov-yŭ-LĀ-shŏn
 - release of ovum from a mature Graafian follicle
16. **Papanicolaou smear**
- pǎp-ǎ-NĒ-kǎ-low smĕr
 - PAP test – A smear method for examining cells, that is used to detect cancers of the cervix
17. **pelvic inflammatory disease (PID)**
- inflammation of some or all of the female pelvic organs
18. **polycystic ovary syndrome (PCOS)**
- pŏl-ē-SĪS-tĭk Ō-vǎ-rĕ SĪN-drŏm
 - condition typically characterized by hormonal imbalances, ovulatory dysfunction, and multiple ovarian cysts.
19. **premenstrual syndrome**
- prĕ-MĒN-stroo-ǎl SĪN-drŏm
 - syndrome involving physical and emotional symptoms occurring up to 10 days before menstruation. Symptoms include nervous tension, irritability, mastalgia, edema, and headache.
20. **prolapse**
- PRŌ-laps
 - displacement of an organ or anatomic structure from its normal position
21. **speculum**
- SPEK-yŭ-lŭm
 - instrument for opening a body cavity to allow visual inspection
22. **toxic shock syndrome**
- severe illness characterized by high fever, rash, vomiting, diarrhea, and myalgia followed by hypotension and, in severe cases, shock and death. Typically occurs in women using tampons and caused by Staphylococcus aureus and Streptococcus pyogenes
23. **tubal ligation**
- TOO-bǎl lĭ-GĀ-shŏn
 - surgical closure of the fallopian tubes for sterilization

24. **uterine fibroid**

- ŪT-ĕ-rĭn FIB-royd
- benign tumor of the uterine muscle

25. **uterine prolapse**

- ŪT-ĕ-rĭn PRŌ-laps
- downward displacement of the uterus into the vagina

26. **vaginal fistula**

- VAJ-ĭn-ăl FIS-chŭ-lă
- abnormal opening between the vagina and another organ, such as the urinary bladder, colon, or rectum

Activity Source: Female Reproductive System terms not built from word parts from *Medical Terminology* by Grimm et al., licensed under CC BY 4.0./Some H5P audio re-recorded by Tania Deane and David McCuaig and text version added.

Medical Terms in Context 1

Medical Terms in Context (Text Version)

Use the words below to fill in the medical report:

- | | | |
|----------------|---------------|-----------------|
| • Transvaginal | • Pain | • Cysts |
| • Laparoscopy | • Endometrial | • Pelvic |
| • Dysmenorrhea | • Tissue | • Endometriosis |

FEMALE REPRODUCTIVE SYSTEM – MEDICAL REPORT

PATIENT NAME: Stacey ROBERTS

AGE: 28 Sex: Female

DOB: October 27

DATE OF ASSESSMENT: July 22

ADMITTING PHYSICIAN: Adam Vance, MD, Gynecology

DIAGNOSIS: Endometriosis

HISTORY: This 28-year-old white female came to me with symptoms of _____ [Blank 1]. She presented with _____[Blank 2], menorrhagia, and pain with intercourse.

PHYSICAL EXAMINATION: During a _____[Blank 3] exam, abnormalities were felt. A _____[Blank 4] ultrasound was performed, and _____[Blank 5] were identified.

TREATMENT: I have discussed the results of the ultrasound and have recommended a laparoscopy to provide more information on the location, extent, and size of the _____[Blank 6] implants. A _____[Blank 7] sample will be sent for further testing. If possible, the endometriosis implants will be removed.

PLAN: Ms. Roberts has agreed to the laparoscopy. I have prescribed Orilissa to help with the _____[Blank 8]. My office will set up an appointment for the _____[Blank 9].

Adam Vance, MD, Gynecology

Note: Report samples (H5P and Pressbooks) are to encourage learners to identify correct medical terminology and do not represent the Association for Health Documentation Integrity (AHDI) formatting standards.

Check your answers: ¹

Activity source: Female Reproductive System – Medical Report by Heather Scudder, licensed under CC BY 4.0./Text version added.

Medical Terms in Context 2

Medical Terms in Context (Text Version)

Use the words below to fill in the medical report:

- Edema
- Blood Pressure
- Ovarian
- Menorrhagia
- Auscultation
- Murmur
- Spotting
- Chronic
- Oophoritis
- Urination
- Abdominal
- RLQ

FEMALE REPRODUCTIVE SYSTEM – MEDICAL REPORT

PATIENT NAME: Megan WESTOVER

AGE: 29

SEX: Female

DOB: November 22

DATE OF ASSESSMENT: June 4

ATTENDING PHYSICIAN: Adam Vance, MD, Gynecology

HISTORY: A 29-year-old woman complains of right _____[Blank 1] pain. She has fever with chills, nausea, and pain during _____[Blank 2] for 3 days. She is in the 4th day of her menstrual cycle and has _____[Blank 3]. She has had intermenstrual _____[Blank 4] for the last 3 menstrual cycles. She had a hysterectomy due to a breast cancer 9 years ago. She has no other history of _____[Blank 5] illness.

PHYSICAL AND EXAMINATION: VITAL SIGNS: Temperature 102.2, _____[Blank 6] 115/75, and pulse 92, regular. Respiratory rate 16. LUNGS: Normal breath sounds. HEART: No _____[Blank 7], regular rhythm. ABDOMEN: There is a tenderness to deep palpation in the _____[Blank 8]. Pain triggers when the patient bends forward. Normal to _____[Blank 9]. BACK: No flank tenderness. EXTREMITIES: Normal with no _____[Blank 10].

LABORATORY: No UTI, urinalysis done in the clinic negative.

ASSESSMENT: Rule out _____[Blank 11]. No evidence of UTI currently.

PLAN

1. CBC lab testing.
2. Pelvic ultrasound focused on _____ [Blank 12] structures, transvaginal ultrasound.
3. Begin treatment empirically with Ampicillin 500 mg daily.
4. Follow up with the patient after the blood and ultrasound results.

Adam Vance, MD, Gynecology

Note: Report samples (H5P and Pressbooks) are to encourage learners to identify correct medical terminology and do not represent the Association for Health Documentation Integrity (AHDI) formatting standards.

Check your answers: ²

Activity source: Female Reproductive System – Medical Report by Heather Scudder and Sheila Bellefeuille, licensed under CC BY 4.0./Text version added.

Medical Terms in Context 3

Medical Terms in Context (Text Version)

Using the words below fill in the consultation report:

- Cyanosis
- Mastectomy
- Chemotherapy
- Breast
- HEENT
- Murmurs
- Weight
- Distended
- Erythema
- Lesion

FEMALE REPRODUCTIVE SYSTEM – CONSULTATION REPORT

PATIENT NAME: Abigail LANGMAN

AGE: 51

SEX: Female

DOB: July 27

DATE OF CONSULTATION: October 8

CONSULTING PHYSICIAN: Adam Vance, MD, OB/GYN

REASON FOR CONSULTATION: Possible breast cancer.

HISTORY: Patient is a 51-year-old woman here for a check-up because of a suspicious lump that was found on her yearly mammogram. Patient is worried about possible _____[Blank 1] cancer.

PHYSICAL EXAMINATION: GENERAL: No acute distress. VITAL SIGNS: Temperature is 98.1°F. Pulse is 72, BP is 110/72 mm Hg. Respirations 16. _____[Blank 2] is 186 pounds, height is 5 feet, 8 inches.

_____ [Blank 3] : Eyes are equal and responsive. Ears are normal, no discharge. Nose is normal. Throat is normal and without _____[Blank 4]. LUNGS: Clear to auscultation. CARDIOVASCULAR: Regular rate and rhythm, no _____[Blank 5]. ABDOMEN: Palpation is soft, not _____[Blank 6], nontender.

BREAST: RIGHT: Tender to the touch on right side and has a hard lump about the size of a golf ball near the axilla. LEFT: Normal to the touch, no discomfort. EXTREMITIES: Without edema, _____[Blank 7], or clubbing.

SOCIAL HISTORY: Mother had breast cancer at the age of 48 and had a _____[Blank 8] to remove the left breast. Patient has been scheduled for yearly mammograms since the age of 45 to check for possible signs of early breast cancer. Father has a history of stage 1 rectal cancer treated with 3 rounds of _____[Blank 9]. The patient does not smoke or use recreational drugs, she does like a glass of wine 3-4 nights a week.

Patient states she is quite worried since scheduling an appointment to follow up her mammogram results. Patient has experiencing anxiety which is affecting her eating and sleeping routine.

ASSESSMENT: Patient is a 51-year-old woman here for a check-up because a suspicious lump found on her yearly mammogram. Patient is otherwise healthy and is not currently on any medications.

PLAN

1. 1. Ultrasound of the right breast.
2. 2. Biopsy of the _____[Blank 10] for pathology. Avoid overexertion or lifting of arms above shoulder height after the biopsy
3. 3. Follow-up appointment in 2-3 weeks for results.

Adam Vance, MD, OB/GYN

Note: Report samples (H5P and Pressbooks) are to encourage learners to identify correct medical terminology and do not represent the Association for Health Documentation Integrity (AHDI) formatting standards.

Check your answers:³

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Notes

1. 1. Endometriosis 2. Dysmenorrhea 3. Pelvic 4. Transvaginal 5. Cysts 6. Endometrial 7. Tissue 8. Pain 9. Laparoscopy
2. 1. Abdominal 2. Urination 3. Menorrhagia 4. Spotting 5. Chronic 6. Blood Pressure 7. Murmur 8. RLQ 9. Auscultation 10. Edema 11. Oophoritis 12. Ovarian
3. 1. Breast, 2. Weight, 3. HEENT 4. Erythema, 5. Murmurs, 6. Distended, 7. Cyanosis, 8. Mastectomy, 9. Chemotherapy, 10. Lesion

7.4 - Female Reproductive Diseases, Disorders and Diagnostic Testing

Cancer

Breast Cancer

Breast cancer starts in the cells that line the ducts or the lobule of the breast. Some warning signs include a new lump in the breast or **axilla**, thickening or swelling, irritation or dimpling of the breast skin, redness or flaky skin, pain, discharge (all in the breast or nipple area), and change in breast size. Risk factors include family history, obesity, hormonal treatment, and changes in breast cancer-related genes (BRCA1 or BRCA2) (Centers for Disease Control and Prevention, n.d.; Cancer Care Ontario, n.d.).

Treatment options include chemotherapy, radiation, and surgical interventions, such as **mastectomy**, biopsy, incision and drainage, and **mammoplasty** (Centers for Disease Control and Prevention, n.d.; Cancer Care Ontario, n.d.). To learn more about breast cancer, view the Cancer Care Ontario: Breast Cancer web page [New Tab] (<https://www.cancercareontario.ca/en/types-of-cancer/breast-cancer>).

Cervical Cancer

Cervical cancer is a typically slow-growing cancer and is highly curable when found and treated early. Advanced cervical cancer may cause abnormal bleeding or discharge from the vagina, such as bleeding after sex. It is diagnosed during a Papanicolaou test (or Pap smear), which looks for precancers (cell changes) on the cervix. The Pap test can find cervical cancer early, when treatment is most effective. The Pap test only screens for cervical cancer (Centers for Disease Control and Prevention, 2019).

The HPV (Human papillomavirus) test looks for HPV strains, which is the virus that can cause precancerous cell changes. Almost all cervical cancers are caused by HPV. HPV is a common virus that is passed from one person to another during sexual contact. In Canada, there is the HPV vaccine. The age of administration varies between the provinces and territories. See below under HPV for more information about the HPV vaccine (York Region Health Connect, n.d.). To learn more about cervical cancer, please visit the Centers for Disease Control and Prevention's cervical cancer factsheet [PDF] (https://www.cdc.gov/cancer/cervical/pdf/cervical_facts.pdf?src=SocialMediaToolkits).

Endometriosis

Endometriosis is an abnormal condition of the **endometrium**. Endometriosis occurs when a tissue similar to the

endometrium grows and implants outside the uterus. The female hormone estrogen causes these implants to grow, bleed, and break down. They are implanted outside the uterus and have no way to leave the body. They become painful, inflamed, and swollen. The inflammation causes scar tissue around nearby organs, which can interfere with their normal functioning and cause pain (Canadian Women's Health Network, 2012).

Endometriosis generally appears between the ages of 15 and 50. Signs and symptoms may include **dysmenorrhea**, **lumbago**, **dyspareunia**, menstrual irregularity, and infertility. One third of women diagnosed with endometriosis have no symptoms at all. Diagnosis may include **laparoscopy** and endometrial biopsy. Treatment may include medication and surgical interventions such as **hysterectomy** and **oophorectomy**. The cause of endometriosis is unknown (Canadian Women's Health Network, 2012). To learn more about endometriosis, visit the World Health Organization's page on Endometriosis [New Tab] (<https://www.who.int/news-room/fact-sheets/detail/endometriosis>).

PCOS

Polycystic Ovary Syndrome (PCOS) has no known etiology, but researchers have linked it to excessive insulin production. Excessive insulin in the body can release extra male hormones in women. Since the ovaries produce high levels of **androgens**, this causes the eggs to develop into cysts and instead of releasing during ovulation, the cysts build up and enlarge. The most common symptoms of PCOS include **oligomenorrhea**, **amenorrhea**, **polymenorrhea**, enlarged ovaries with multiple small painless cysts or follicles that form in the ovary, **acrochordons**, **acanthosis nigricans**, **hirsutism**, thinning hair, acne, weight gain, anxiety, depression, hyperglycemia, and infertility (Canadian Women's Health Network, 2012a).

Treatments like medications such as birth control pills or **antiandrogens** can help balance the patient's hormones and relieve some of the symptoms (Canadian Women's Health Network, 2012a). To learn more about PCOS, visit the World Health Organization's page on PCOS [New Tab] (<https://www.who.int/news-room/fact-sheets/detail/polycystic-ovary-syndrome>).

Sexually Transmitted Infections (STIs)

The terms for Sexually Transmitted Infections (STI) and Sexuality Transmitted Diseases (STD) are often used interchangeably. Sexuality Transmitted Diseases (STD) implies the disease was acquired through sexual transmission. A disease is a disorder of structure or function in a human, which produces specific signs or symptoms. A disease must be managed, as in the case of Human Immunodeficiency Virus (which can also be acquired through the transmission of other bodily fluids; thus not solely sexual transmission). The treatment may include **antiretrovirals** or **anti-virals** (Urology Care Foundation, 2019).

Chlamydia (CT)

Chlamydia is one of the most common sexually transmitted infections (STIs) caused by bacteria that infect the cervix, urethra, and other reproductive organs. Chlamydia is easy to treat and can be cured. Many people with

chlamydia do not have any symptoms and unknowingly pass the infection to their sexual partner(s). If symptoms develop, they usually appear two to six weeks after sexual contact with an infected person. While females are most often asymptomatic, they may experience **cervicitis**. Left untreated, chlamydia in females can lead to Pelvic Inflammatory Disease (PID), which can cause permanent damage to the reproductive organs and subsequent infertility (Sexually Transmitted Infections (STIs) Chlamydia, 2018) (Chlamydia and Gonorrhoea, n.d.).

Chlamydia spreads through unprotected oral, anal or vaginal sex with an infected person. Chlamydia can be spread to the eyes via the hands with direct contact with infected fluids. Until a patient finishes their treatment, they continue to have the infection and can continue to pass it to others. Chlamydia is treated with antibiotic pills. If the patient has **epididymitis**, they may need to be hospitalized and be treated with intravenous (IV) antibiotics. All sexual partners within the past 60 days should be examined, treated, and informed that having no symptoms does not mean there is no infection (Klein, 2023).

Gonorrhoea (Gonococcus) – (GC)

Gonorrhoea is a sexually transmitted infection (STI) caused by bacteria that infects the cervix, urethra, and other reproductive organs. Infections can also infect the throat and anus. Gonorrhoea can be treated and cured. Many people infected with Gonorrhoea have no symptoms and can unknowingly pass the infection on to their sexual partner(s). If symptoms develop, they may appear two to seven days after sexual contact with an infected person. Symptoms vary depending on which part of the body is infected. Females may experience abnormal vaginal bleeding, discharge, or **dysuria**. Left untreated, Gonorrhoea in females may lead to pelvic inflammatory disease and fertility complications, such as ectopic pregnancy. Gonorrhoea infection from oral sex may lead to sore throat and swollen glands. Gonorrhoea infection from anal sex may cause itchiness and discharge from the anus. Gonorrhoea is spread through unprotected oral, vaginal or anal sex with an infected person. Until the patient finishes their treatment, they continue to have the infection and can pass it to others (Klein, 2023).

Gonorrhoea is treated with oral **antibiotics** in combination with an **intramuscular (IM)** injection. It is important that one complete the treatment and abstain from unprotected sexual activity for at least seven days following treatment. All sexual partners within the past 60 days should be examined, treated, and informed that having no symptoms does not mean there is no infection (Klein, 2023).

Reportable Diseases

Both chlamydia and gonorrhoea are reportable diseases to the Ministry of Health. Therefore, the local health department will be calling the doctors office or patient to ensure correct treatment was received and sexual partners have been followed up with testing and treatment. To learn more about STIs and STDs such as chlamydia and gonorrhoea, please go to the Public Health Ontario web page on sexually transmitted infections [New Tab] (<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/sexually-transmitted-infections>).

Human Papillomavirus- HPV

HPV is a common sexually transmitted infection (STI). Both males and females can be infected with HPV. Almost three quarters of sexually active individuals have been exposed to HPV during their lifetime. There are over 100 strains of HPV and some strains of HPV can cause visible genital warts. The warts are usually painless, but may be itchy, uncomfortable, and hard to treat. Some strains of HPV cause genital, anal, throat, and cervical cancers. HPV spreads through sexual activity and skin-to-skin contact in the genital area with an infected person. Since some people are **asymptomatic**, they don't know they have the virus and consequently pass the virus to their sexual partners. Treatments are available for genital warts, but there is no cure for HPV (York Region Health Connect, n.d.). To learn more about HPV symptoms, treatments, and prognosis, visit the Mayo Clinic page on HPV Infection [New Tab] (<https://www.mayoclinic.org/diseases-conditions/hpv-infection/symptoms-causes/syc-20351596>).

HPV Vaccine

A vaccine called Gardasil® 9 is available for 9 HPV strains. This vaccine assists the immune system in protecting the body against infections and diseases caused by HPV (York Region Health Connect, n.d.). To learn more about Gardasil® 9 treatments, please visit the Gardasil® 9 website [New Tab] (<https://www.gardasil9.ca/>).

Herpes Simplex Virus (HSV)

Genital herpes is a sexually transmitted infection (STI) that is caused by a virus called herpes simplex virus (HSV). There are two types of herpes simplex viruses:

- Type 1- oral herpes or cold sores (HSV-1)
- Type 2- genital herpes (HSV-2)

These viruses are very similar and either type can cause genital herpes or cold sores. Symptoms might include **dysuria**, enlarged glands, **myalgia**, **arthralgia** and fever. Once a patient is infected with HSV, the virus remains in their body even after the symptoms are gone and can cause recurring outbreaks. Between the outbreaks, the virus stays in their body. When the virus becomes active again, the symptoms return but are usually less painful and heal faster. Recurring outbreaks vary from person-to-person, however they can be triggered by emotional or physical stress, exposure to sunlight, hormonal changes, poor nutrition, sexual intercourse, lack of sleep or a low immune system (Mayo Clinic Staff, 2022).

Herpes is spread through direct contact with the sores or blisters of an infected person. Contact (and transfer of the virus) can occur from genitals-to-genitals, mouth-to-genitals or mouth-to-mouth. Herpes can also be passed to the anal area. Herpes spreads easily during sexual contact while symptoms are present or just before an outbreak of symptoms. An infected person may spread herpes even when they have *no* symptoms; this is called **asymptomatic** shedding. One can spread the herpes virus to other parts of their body after touching the sores; **autoinoculation**. The fingers, eyes, and other body areas can accidentally become infected in this way.

Hand washing after touching sores and blisters is recommended to prevent spreading the virus (Mayo Clinic Staff, 2022).

There is no cure for herpes. Antiviral pills help to reduce symptoms and speed the healing of blisters or sores and are prescribed by a doctor. Treatment of symptoms may be managed with medication for pain, bath salts, cold compresses, and urinating in water may help to relieve discomfort. Keep the infected area clean and dry, wear cotton underwear and loose clothing to reduce discomfort. All sexual partner(s) should be informed. The only way to reduce the risk of transmission of herpes is to avoid direct contact with the sores and to use condoms. Condoms will reduce but not eliminate risk as the virus can be present and shed from the skin in the genital area (Mayo Clinic Staff, 2022).

To learn more about the symptoms, complications, treatments and prognosis of HSV please visit the Mayo Clinic's page on Genital Herpes [New Tab] (<https://www.mayoclinic.org/diseases-conditions/genital-herpes/symptoms-causes/syc-20356161>), or Public Health Ontario's Testing Index [New Tab]. (<https://www.publichealthontario.ca/en/laboratory-services/test-information-index/>)

Female Reproductive System Medical Abbreviations

Reproductive Sexually Transmitted Infections (STIs) Abbreviations

- **AB** (Antibiotic)
- **CT** (Chlamydia)
- **GC** (Gonorrhea)
- **HPV** (Human Papillomavirus)
- **HSV** (Herpes Simplex Virus)
- **PID** (Pelvic Inflammatory Disease)
- **STD** (Sexually Transmitted Diseases)
- **STI** (Sexually Transmitted Infections)

Activity source: Reproductive Sexually Transmitted Infections (STIs) Abbreviations by Kimberlee Carter, licensed under CC BY 4.0./Text version added.

Medical Specialties and Procedures related to the Female Reproductive System

Gynecology

A **gynecologist** is a specialist in the area of **gynecology**, focusing on the diagnosis, treatment, management and prevention of diseases and disorders of the female reproductive system. Obstetrics is a specialty that provides care through pregnancy, labour, and **puerperium**. Further subspecialties in women's health include contraception, reproductive **endocrinology**, infertility, adolescent gynecology, **endoscopy** and gynecological oncology (Canadian Medical Association, 2018). To learn more about obstetrics or gynecology, please follow visit the Canadian Medical Association's Obstetrics/Gynecology Profile page [PDF] (<https://www.cma.ca/sites/default/files/2019-01/obgyn-e.pdf>).

Hysterectomy

A **hysterectomy** [pb_glossary] is done to stage or treat female reproductive cancers, treat precancerous conditions of the cervix and some non-cancerous conditions that have not responded to other forms of treatment. There are three types of hysterectomy:

- A **total hysterectomy** removes both the uterus and the cervix.
- A **subtotal hysterectomy** removes the uterus only.
- A **radical hysterectomy** removes uterus, cervix, part of the vagina, and ligaments.

Sometimes the ovaries and fallopian tubes are removed at the same time that a hysterectomy is done. A [pb_glossary id="220"]bilateral salpingo-oophorectomy (BSO) removes both ovaries and fallopian tubes. A **unilateral** salpingo-oophorectomy removes one ovary and one Fallopian tube (Canadian Cancer Society, 2020). To learn more about hysterectomy, please visit the Canadian Cancer Society's page on hysterectomies [New Tab] (<https://www.cancer.ca/en/cancer-information/diagnosis-and-treatment/tests-and-procedures/hysterectomy/?region=on>).

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Vocabulary & Check Your Knowledge

Female Reproductive System Vocabulary

Acanthosis Nigricans

A disorder that causes darkening and thickening of the skin on the neck, groin, underarms or skin folds.

Acrochordons

Skin tags, teardrop-sized pieces of skin that can be as large as raisins and are typically found in the armpits or neck area.

Amenorrhea

Absence of periods.

Androgens

Male hormones.

Antiandrogens

A group of medications that counteract the effects of male hormones.

Antibiotics

Medications that stop bacterial infections.

Antiretrovirals

Treatment that works against the virus replication.

Anti-virals

Treatments that work effectively against a virus.

Asymptomatic

Pertaining to without symptoms.

Autoinoculation

Self inoculation.

Axilla

The armpit.

Bartholin's glands

Also known as greater vestibular glands they are responsible to secrete mucus to keep the vestibular area moist.

Bilateral

Pertaining to both sides.

Douching

Washing the vagina with fluid.

Dysmenorrhea

Painful periods.

Dyspareunia

Painful intercourse.

Dysuria

Painful urination.

Endocrinology

The study of the endocrine glands and hormones.

Endometrium

The innermost layer containing a connective tissue lining covered by epithelial tissue that lines the lumen. Provides the site of implantation for a fertilized egg. Sheds during menstruation if no egg is fertilized.

Endoscopy

Process of viewing internally.

Fornix

Superior portion of the vagina.

Gametes

Haploid reproductive cells that contribute genetic material to form an offspring.

Gynecologist

Specialist in the study and treatment of the female reproductive system.

Gynecology

The study of the female reproductive system.

Hirsutism

Excessive hair growth in a pattern typically seen in males.

Homeostasis

Biological process that results in stable equilibrium.

Hysterectomy

Surgical removal of the uterus.

Inferior

Pertaining to below.

Intramuscular

Pertaining to within the muscle.

Laparoscopy

Process of viewing internal organs.

Lumbago

Lower back pain.

Mammoplasty

Surgical repair of the breast particularly after a mastectomy.

Mastectomy

Excision of breast(s) and or breast tissue.

Oligomenorrhea

Infrequent or irregular periods.

Oocyte

Female gamete.

Oophorectomy

Surgical removal of one or both ovaries.

Polymenorrhea

Excessive bleeding during one's period.

Polyuria

Frequent urination.

Proliferate

Reproduce rapidly.

Puerperium

Time directly after childbirth.

Superior

Pertaining to above.

Unilateral

Pertaining to one side.

Urethritis

Inflammation of the urethra.

Test Yourself

Female Reproductive System Glossary Reinforcement Activity (Text Version)

1. The site of implantation for a fertilized egg or the layer that sheds during menstruation if no egg is fertilized is called _____. [Blank 1].
 - a. Endometrium
 - b. Oocyte
 - c. Puerperium
2. Hysterectomy is the _____. [Blank 2].
 - a. Surgical removal of the breast(s)
 - b. Surgical removal of the uterus
 - c. Surgical removal of the fallopian/uterine tubes
3. Pain periods is called _____. [Blank 3].
 - a. Dysmenorrhea
 - b. Amenorrhea
 - c. Oligomenorrhea
4. Painful Intercourse is called _____. [Blank 4].
 - a. Dysuria
 - b. Dyspareunia
 - c. Dysmenorrhea

5. The superior portion of the vagina is called _____[Blank 5].

- a. Axilla
- b. Bartholin's glands
- c. Fornix

Check your answers: ¹

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Notes

1. 1. Endometrium 2. Surgical removal of the uterus 3. Dysmenorrhea 4. Dyspareunia 5. Fornix

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