
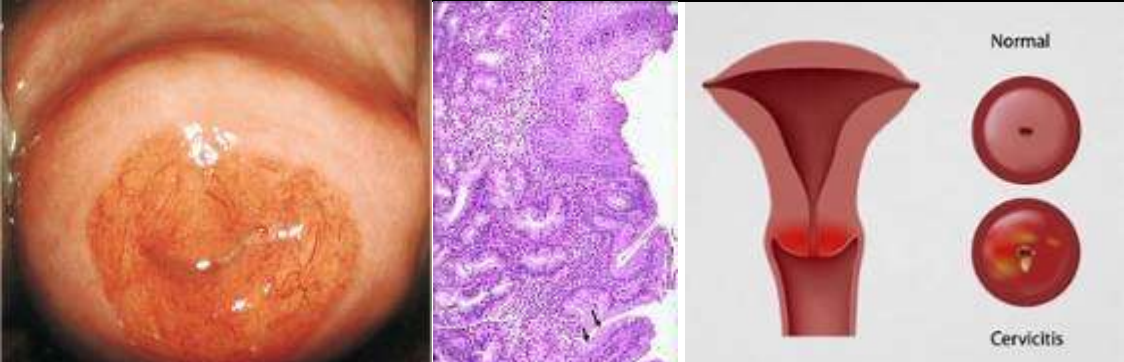


## XXI. Diseases of the Female Genital System

<b>Cervicitis (chronic)</b>	
<b>Cervix:</b>	<ul style="list-style-type: none"> <li>• Is swollen</li> <li>• Red in colour</li> </ul>
<b>External os:</b>	<ul style="list-style-type: none"> <li>• Granular</li> </ul>
<b>Shows:</b>	<ul style="list-style-type: none"> <li>• Multiple small cysts.</li> <li>• Nabothian cystitis</li> <li>• Cervical erosion</li> </ul>
	
<p><b>N.B.I:</b></p> <ul style="list-style-type: none"> <li>• Chronic inflammation of the cervix is favoured by laceration of the cervix during child delivery followed by pyogenic infection.</li> <li>• In some cases gonorrhoea may be the cause whether in nullipara or on top of laceration of cervix in multipara.</li> </ul> <p><b>Findings:</b></p> <ol style="list-style-type: none"> <li>1. A red patch at the os which may be nodular.</li> <li>2. Os is everted and patulous.</li> <li>3. Nabothian follicles appear as bluish swellings on the portio-vaginalis.</li> <li>4. Cervix may become fibrosed and hard.</li> </ol>	
	

***N.B.2:***

***Cervicitis***

***I. Acute:***

***Causes:***

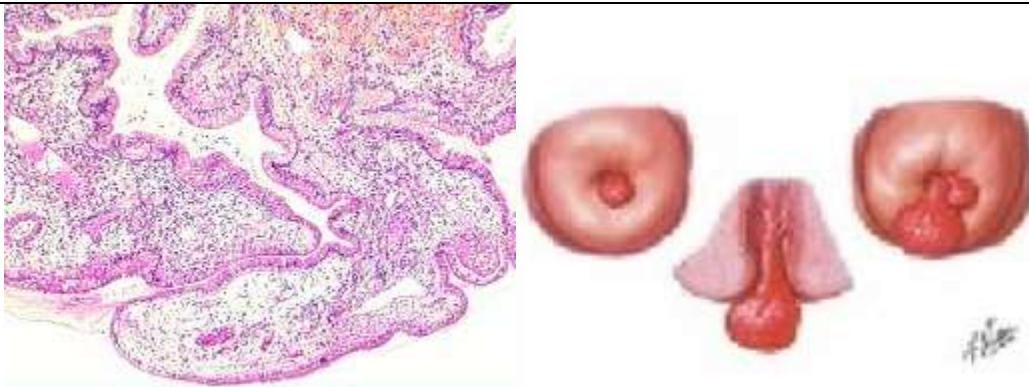
1. Gonococcal infection.
2. Mixed infection including the usual flora present in the cervix and vagina (**Doderlein's bacillus**, *B. coli*, non-haemolytic streptococci and staphylococci).
3. Virulent bacteria of puerperal infection (post-partum).

***Factors:***

1. Trauma and laceration (child-birth and intercourse).
2. Rough instrumentation.
3. Estrinism and/or excessive secretion of cervical glands.

***Features:***

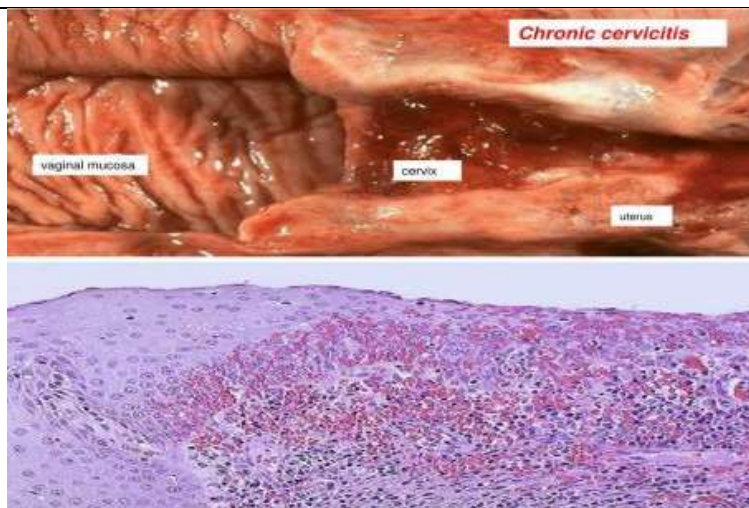
- Cervix becomes swollen, red and lacerated.



***II. Chronic:***

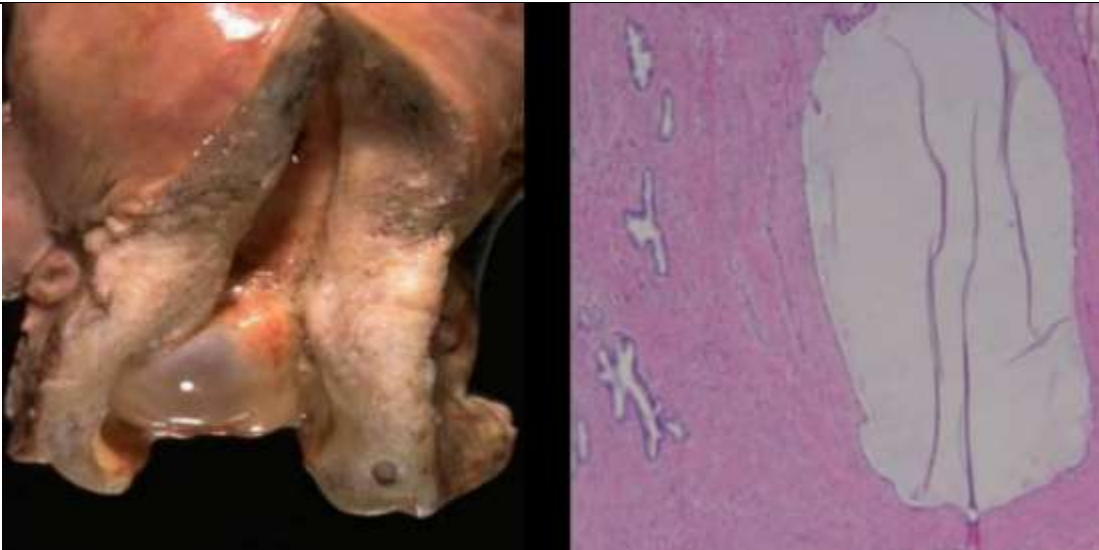
***Causes:***

1. Acute cervicitis which has not resolved.
2. Trauma following child-birth or abortion.
3. Hormonal factors.



**Sequences of laceration + bacterial infection:**

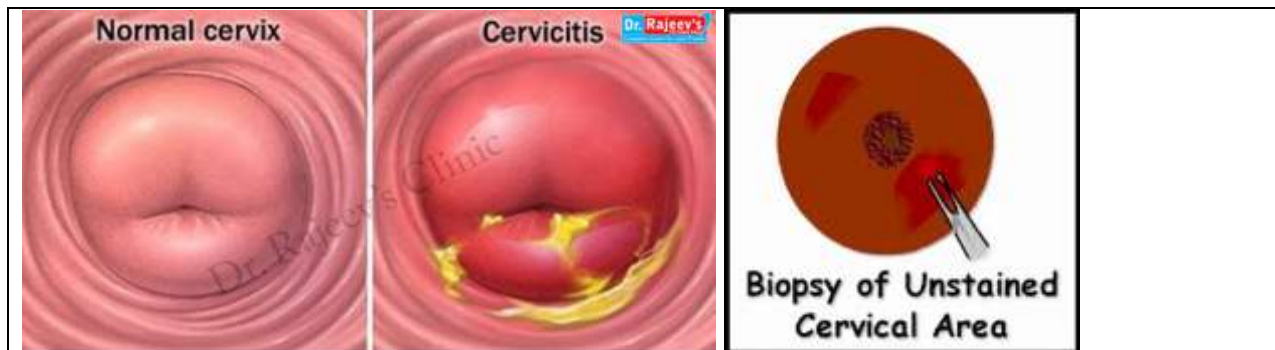
- Irritation of **racemose glands** of cervical canal → reddening + swelling.
- Thick viscous muco-purulent secretion → **leucorrhoea + granularity**.
- **Endocervicitis** + deep extension of inflammation → **true cervicitis**.
- A patch at external os is macerated and separates → superficial irregular cervical erosion.
- A raw surface surrounds external os and is covered by an outgrowth of columnar epithelium of cervical canal.
- A raspberry red appearance → **cervical erosion (so-called clinically)**.
- Irregular, friable, nodular and distorted exocervix (by granulation tissue and later on by epidermalization or metaplasia).
- Scarring + inflammation → deformity of cervix → protrusion of endocervical mucosa → **eversion or ectropion**.
- **Inflammatory stenosis + cystic dilatation of cervical glands** → mucus retention cysts → **Nabothian cysts**.
- Follicle formation → follicular cervicitis.



***Nabothian cysts.***

**Clinically:**

- The condition is considered one of the commonest gynaecological lesions.
- There may be no symptoms or they are manifested by bleeding, dyspareunia, leucorrhoea or/and sterility.
- Biopsy study, as well as cytological examination, **Schiller's test**, culture and examination of bacterial smears, may be more than necessary to differentiate simple erosion from malignant ulceration of the cervix.



- **Schiller's iodine** solution is applied to the cervix under direct vision.
- Normal cervical **mucosa** contains glycogen and stains brown, whereas abnormal areas, such as early cervical cancer, do not take up the stain.
- The abnormal areas can then be **biopsied** and examined **histologically**.
- The composition of Schiller's iodine is the same as Lugol's iodine, the latter being more concentrated.
- When Schiller's iodine is not available, **Lugol's iodine** can be used as an alternative.
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## Normal Histology of Cervix

