

## Chamberlain College of Nursing NR 509 APEA Exam – WOMEN’S HEALTH Question and Answers with Explanations.

### Question 1

When palpating the cervix during the bimanual exam, cervical motion tenderness (chandelier sign) is noted. This tenderness could be suggestive of:

- A. retroversion of the uterus.
- B. pelvic inflammatory disease.**
- C. vulvar lesions.
- D. Bartholin gland infection.

### Explanation:

Cervical motion tenderness, also known as Chandelier's sign, and/or adnexal tenderness, suggest pelvic inflammatory disease, ectopic pregnancy, or appendicitis.

### Question 2

In a female diagnosed with a first-degree uterine prolapse, the cervix:

- A. is located in its normal position.
- B. has slipped but is well within the vagina.**
- C. is located in the introitus.
- D. and vagina are outside the introitus.

### Explanation:

Uterine prolapse occurs in progressive stages. The uterus becomes retroverted and descends down the vaginal canal to the exterior. In first-degree prolapse, the cervix is still well within the vagina. In second-degree prolapse, it is at the introitus. In third-degree prolapse (procidentia), the cervix and vagina are outside the introitus.

### Question 3

Daughters of women who took Diethylstilbestrol (DES) during pregnancy are at a high risk for developing all of the following abnormalities except:

- A. columnar epithelium covering most or all of the cervix.
- B. a slit-like cervical os.
- C. vaginal adenosis.
- D. a circular collar or ridge of tissue between the cervix and the vagina.

Explanation:

Daughters of women who took Diethylstilbestrol (DES) during pregnancy are at greatly increased risk for several abnormalities: columnar epithelium that covers most or all of the cervix, vaginal adenosis, and a circular collar or ridge of tissue, of varying shapes, between the cervix and vagina. The slit-like cervical os is a normal variation.

### Question 4

A female patient presents with a profuse, yellowish, green vaginal discharge that is malodorous. This vaginal discharge is most consistent with:

- A. candidal vaginitis.
- B. bacterial vaginosis.
- C. Trichomonal vaginitis.
- D. gonorrhea.

Explanation:

*Trichomonas vaginalis* causes trichomonal vaginitis. Presenting symptoms include a profuse, yellowish, green vaginal discharge that is malodorous. Candidal vaginitis produces a white and curd-like thin discharge that is rarely malodorous. With bacterial vaginosis, the discharge can be gray or white, thin, malodorous (fishy), and not usually profuse. The discharge associated with gonorrhea is usually thick and bloody.

### Question 5

The most common causes of sexual problems in females are related to:

- A. lack of sexual desire.
- B. inadequate vaginal lubrication.
- C. psychosocial factors.
- D. pelvic disorders.

Explanation:

The most common problems that occur during sexual activity are related to situational or psychosocial factors. Although lack of desire, inadequate vaginal lubrication, and pelvic disorders may all contribute to sexual problems, the most common causes are situational and psychosocial in origin. Therefore, obtaining a comprehensive sexual history is of utmost importance.

### Question 6

Chronic pelvic pain refers to pain that does not respond to therapy and:

- A. lasts more than 3 months.
- B. lasts more than 6 months.
- C. lasts more than 9 months.
- D. lasts more than 12 months.

Explanation:

According to the International Pelvic Pain Society, chronic pelvic pain refers to pain that lasts more than 6 months without response to treatment.

### Question 7

In female patients with dyspareunia, superficial pain is most likely related to all of the following except:

- A. local inflammation.
- B. atrophic vaginitis.
- C. pressure on a normal ovary.
- D. inadequate lubrication.

Explanation:

In females, dyspareunia, or painful intercourse, can occur at the vaginal opening, occurring at the start of intercourse, or when the partner is pushing deeper. It is important to differentiate the pain to determine the etiology. Superficial pain suggests local inflammation, atrophic vaginitis, or inadequate lubrication. Deeper pain may be from pelvic disorders or pressure on a normal ovary.

#### Question 8

If urethritis or inflammation of the paraurethral glands is suspected in a female patient, the index finger should be inserted into the vagina and:

- A. milk the urethra gently from the outside inward.
- B. milk the urethra gently from the inside outward.
- C. massage the urethral meatus with the other hand.
- D. massage the pelvic floor muscles in a clockwise fashion.

Explanation:

If urethritis or inflammation of the paraurethral glands is suspected, the examiner should insert the index finger into the vagina and milk the urethra gently from inside outward. Note any discharge from or about the urethral meatus. If present, it should be cultured.

#### Question 9

Upon examination of the vagina, a swollen red ring is noted around the urethral opening. This finding is most consistent with a: