- Shape:
  - At birth: small oval opening
  - After delivery: fish-mouth, with anterior and posterior lip
- External os: portio vaginalis
  - Projects into the vaginal canal
- Epithelium mucosa: one layer, columnar cells
  - Vaginal portion: squamous epithelium
- Squamo-columnar junction: trauma, inflammation
  - Where cervical cancer starts
  - Where pap smear specimen is acquired because it is highly acidic, continuous trauma and reparative state

Nullip vs. multip: round vs. fishmouth

✓ Illustration comparing the size of uterus (ratio between body of uterus to the cervix)

- Newborn 2:1
- 4 year old 1:1
- Puberty 2:1
- Nulliparous 2:1
- Multiparous 3:1
- Postmenopausal 1: 1

B. Body / corpus

- Upper triangular portion
- 70 grams nullip; 1100gms during term pregnancy, can accommodate 5L at term
- Layers
  1. Endometrium
     - Responds to hormonal fluctuation
     - Columnar epithelium
     - Basal layer vs. functional layer
  2. Myometrium
     - Smooth muscle
     - 1.5-2.5 cm thick
     - Very distensible and is able to accommodate the baby
     - Marked hypertrophy during pregnancy
     - Major portion of the uterus
  3. Serosa / perimetrium
     - Outermost layer continuous with the broad ligament

*ENDOMETRIUM

- Lines the uterine cavity in non-pregnant women
- Thin, pink, velvet like membrane
- Perforated by large number of minute ostia of the uterine glands
- 0.5 to 5 mm
- High columnar, ciliated cells
- Uterine glands: invaginations of the epithelium
- Inner glands: columnar, partially ciliated epithelium
- After menopause
  - Endometrium is atrophic
  - Glands gradually disappear
  - Interglandular tissue becomes more fibrous

*MYOMETRIUM

- Major portion of the uterus
- Bundles of smooth muscles
- Elastic fibers
- Pregnancy: upper myometrium marked hypertrophy

- Blood supply of the uterus
  - Uterine and ovarian artery
- Venous drainage
  - Uterine and ovarian vein
- Lymphatic drainage
  - Hypogastric and periaortic LNs
- Innervation
  - Uterovaginal plexus of Frankenhauser

- Ligaments of the uterus

a. Round ligament: not a supporting structure to the uterus

- From lateral portion of the uterus
- Arises below and anterior to origin of fallopian tube
- Extends outward into the inguinal canal
- **<u>Terminates into the labia majora (causes inguinal pain when stretched)</u>**
- Made up of smooth muscles
- Important to know during ligation, mistaken as fallopian tube, thereby causing failed family planning method
- First ligament ligated during TABHSO (total abdominal hysterectomy)

b. Broad ligaments

- Fold of peritoneum
- Wing like structure
  - Mesosalpinx: peritoneum overlying the fallopian tube
  - Mesometeres: around round ligament
  - Mesovarium: over uteroovarian ligament
- Infundibulopelvic ligament /suspensory ligament of ovary
  - From fimbrial end to pelvic sidewall
  - Through which ovarian vessels transverse
  - Ureter forms the base of the broad ligament

c. <u>Cardinal ligament (transverse cervical / Mackenrodt ligament)</u>

- mostly dense connective tissue
- main support of the uterus and cervix
- united to the supravaginal portion of cervix
- uterine vessels and ureter are found within its broad base
  - base of broad ligament – ureter is close to this area
    - about 2 cm lateral to the cervix, the uterine artery crosses over the ureter

d. Uterosacral ligaments

- posterolateral to supravaginal portion of the cervix
- encircles rectum then inserts to the fascia over S2 and S3
- lateral boundaries of the pouch of Douglas
- provides minor cervical support

**During TABHSO (order of ligation of ligaments):*

- *start with round ligament → infundibulopelvic ligament → uterine vessels → cardinal ligaments → uterosacral ligament → amputate the cervix*

2. Fallopian tube

- 8-14 cm long
- most common site of ectopic pregnancy
- 4 parts (mnemonic: "INFAMPISIN")
  - **Infundibulum**
    - where fimbriae are attached
  - **Ampula**
    - widest
    - usual site of fertilization

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