I'm not a robot



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The cervix is the lower portion of the uterus, forming the narrow canal that connects the vagina with the uterine cavity. Functioning as a gateway between the external and internal reproductive tracts, the cervix is anatomically and histologically distinct and is
therefore considered as a separate structure. In this article, we will look at the anatomy of the cervix its structure, neurovascular supply and clinical correlations. Fig 10verview of the female reproductive tract. The cervix is comprised of two main regionsectocervix and endocervical canaland contains two openings: the external os and the internal
os. Ectocervix the portion that projects into the endocervical canal lumen. It is lined by non-keratinised stratified squamous epithelium. The central opening, called the external os, where it opens into the uterine cavity. It is lined
by mucus-secreting simple columnar epithelium. Fig 2The ectocervix, endocervical canal, and their openings. Sagittal section of the female pelvis. Sagittal section of the female pelvis. The cervix serves two main functions: Sperm entry permits the entry of sperm into the uterus, particularly during ovulation when cervical mucus becomes thinner and
more receptive. Barrier function forms a physical and immunological barrier that helps maintain sterility in the uterus. This is achieved through tight cervical closure, thick mucus, and periodic shedding of the endometrial lining. Fig 3The ectocervix, visible via a speculum inserted into the vagina. The external os is marked with an arrow. The cervix
receives its arterial supply primarily from the uterine artery, a branch of the internal iliac artery, a branch of the internal iliac veins. Innervation is provided by the uterovaginal plexus, a branch of the internal iliac veins. Sympathetic fibres (T10L2) are
responsible for pain sensation, particularly during menstruation or labour. Parasympathetic fibres (S2S4), via the pelvic splanchnic nerves, contribute to motor and secretory functions. The cervix has limited somatic sensory innervation, which explains why some procedures (e.g. cervical smear or IUD insertion) may be well tolerated without
anaesthesia. Fig 4Posterior view of the arterial supply to the female reproductive tract. Lymph from the cervix drains to the iliac, sacral, aortic, and inguinal lymph nodes. Cervical insufficiency (also known as cervical insufficiency (also known as cervical insufficiency) occurs when the cervix drains to the iliac, sacral, aortic, and inguinal lymph nodes. Cervical insufficiency (also known as cervical insufficiency) occurs when the cervix drains to the iliac, sacral, aortic, and inguinal lymph nodes.
pregnancy loss. This condition highlights the mechanical barrier role of the cervix, particularly the internal os. Management options include cervical to maintain its closed state. The cervix connects the vagina to the uterus. It plays a major role in the menstrual cycle, fertility, pregnancy, and
childbirth. Various health conditions, such as cervical polyps, can affect the health of the cervix and their associated symptoms and treatments. Finally, it provides some tips on maintaining cervical health and
advice on when to see a doctor. Share on PinterestVera Lair/StockyThe cervix is a fibromuscular organ that forms a canal between the lower, narrow end of the uterus and the vagina. The cervix is typically 23 centimeters (cm) in length, though the size may differ according to a persons age, genetics, and whether they have given birth. Approximately
half of the cervix sits inside the vaginal canal. Click on the BodyMap below to interact with a 3D model of the cervix contains glands that produce and release mucus. This mucus prevents bacteria from spreading into the other organs of the reproductive system. During
menstruation, the cervix opens slightly, allowing menstrual blood to flow out of the uterus. During ovulation, cervical mucus forms a plug in the cervical canal,
which prevents bacteria and viruses from entering the uterus and harming the growing fetus. Abnormalities with the cervix also becomes firmer and stronger, which helps to protect the fetus until birth. During pregnancy, the cervix dilates, enabling the delivery of the baby. The
cervix can dilate to 10 cm, which doctors consider fully dilated. During pregnancy, the cervix maintains its shape. During childbirth, the cervix becomes more flexible. However, medical professionals do not fully understand cervix becomes more flexible.
associated symptoms and treatments are: HPV is the most common STI in the United States. In 2018, approximately 43 million people had HPV. Some types increase the risk of genital warts, and other types increase the chance of developing cervical cancer if
a healthcare professional does not catch it early. A person may have HPV and not experience any symptoms. Therefore, it is important to have regular cervical screening tests to check for abnormalities related to HPV. There is no cure for HPV. It is important to use barrier contraception, such as a condom, during sexual intercourse to reduce the risk of
transmission. Learn more about condoms and how to use them safely here. There is no treatment for the virus. However, treatments are available for the health problems that HPV can cause. For example, doctors may treat genital warts using prescription medications. An abnormal cervical screening test may indicate that a person has cervical
precancer. This means that the cell changes are not cancerous, but they may develop into cancer without treatment. A healthcare professional may perform a loop electrosurgical excision procedure (LEEP). According to Planned Parenthood, this involves using a wire loop to remove abnormal cells from the cervix. Alternatively, a healthcare
professional may perform a cone biopsy, another surgical procedure to remove abnormal cells from the cervix. Treatment for cervical cancer may require surgery, chemotherapy, or radiation therapy. Learn more about HPV here. PID typically develops when bacteria from the vagina or cervix enter the uterus, fallopian tubes, and ovaries. Various types
of bacteria may cause PID, including those responsible for the following STIs:chlamydiagonorrheamycoplasma genitaliumLess commonly, PID may occur due to bacteria that ordinarily live harmlessly inside the vagina making their way through the cervix and into the reproductive organs. Without treatment, PID may cause fertility problems and can
increase the risk of a future ectopic pregnancy. An ectopic pregnancy is where the embryo develops outside the inner lining of the uterus. Learn more about infertility in males and females here. Doctors typically prescribe antibiotics to treat PID. While this treatment usually clears the infection, it does not reverse any potential scarring that the
infection has already caused. Anyone who experiences PID symptoms should contact a doctor for a diagnosis and appropriate treatment as soon as possible. According to March of Dimes, the cervix remains firm and closed until the third trimester of pregnancy. The cervix then becomes shorter, thinner, and softer so that the baby can pass through the
birth canal during labor and childbirth. Cervical insufficiency is the medical term for when the cervix dilates too early in the pregnancy, typically without contractions or pain. This can cause or contribute to premature birth or miscarriage. Some women with cervical insufficiency do not experience symptoms early on in pregnancy. If symptoms do
occur, they may include the following: mild discomfort or spotting between 14 and 20 weeks of pregnancy a sensation of pelvic pressurenew back painmild abdominal crampschanges to vaginal discomfort or spotting between 14 and 20 weeks of pregnancy trimesters here. According to March of Dimes, the most common treatment for cervical
insufficiency is a cerclage. This is a procedure in which a doctor sews a stitch around the cervix to keep it closed. This often helps to prevent premature birth. March of DImes also indicates that a person may receive a cerclage as early as 13 or 14 weeks into their pregnancy or if they are in labor, and a doctor will remove the stitch at around 37
weeks. A cerclage may not be suitable for people whose cervix is shorter than 2.5 cm or those pregnant with twins. In some cases of cervical insufficiency, a doctor may also prescribe the hormone progesterone to help prevent premature birth. A healthcare professional may also provide a person with a pessary. This is a plastic device that a person can
insert into the vagina. Cervical polyps are small growths inside the cervix. Most are benign, meaning they cause cancer. Cervical polyps often do not cause any symptoms. In some cases, they may cause vaginal bleeding that occurs at the following times: between periodsafter sexafter douchingfollowing menopauseAccording to a 2021 article,
cervical polyps often occur during a females reproductive years, after the age of 20. They rarely occur in young women who have not yet experienced their first menstrual cycle. Females are at increased risk of developing cervical polyps during pregnancy because of an increase in the hormone estrogen. Learn more about what causes vaginal bleeding
between periods here. Most cervical polyps are benign, meaning they are not a risk factor for cervical cancer. Doctors typically only recommend removing polyps if they bleed, are particularly large, or have an abnormal appearance. To remove a polyp, a doctor will use one of the following methods: Learn all about a polypectomy, a treatment to
removed polyps here. Cervical cancer is a type of cancer that affects the cervix. This disease was the leading cause of cancer much earlier using PAP smear tests. Early detection and treatment can significantly improve survival rates. Possible symptoms of
cervical cancer include: Learn more about cervical cancer here. The treatment for cervical cancer depends on the type of cervical cancer and how far it has progressed. Possible treatment options include: surgery, which involves using oral or intravenous (IV)
medications to kill cancer cells or stop them from reproducing radiation therapy, which uses high-energy rays to destroy cancer cellsLearn more about survival rates for cervical and related conditions and is important for overall health. Some tips that can help a female maintain a
healthy cervix include:seeing a gynecologist at least once a year, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends undergoing regular cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends undergoing regular cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years, or more if the doctor recommends getting a cervical screening at least every couple of years.
important to note that using condoms does not eliminate the chance of contracting HPV entirely. Learn more about when to undergo cervical screening for HPV here. Individuals with a cervix should contact a doctor right away if they experience any of the following symptoms: unusual abdominal or pelvic painchanges to the menstrual cyclevaginal
bleeding that is not due to the menstrual cycleunusual vaginal discharge The cervix is a part of the female reproductive system. It plays a crucial role in the menstrual cycle, fertility, pregnancy, and childbirth. It also helps to protect the female reproductive organs from infectious bacteria and viruses. Several conditions can affect the cervix. Some are
relatively benign, while others can be serious and even life threatening. Some potentially serious conditions may not cause any symptoms until complications develop. Therefore, it is important to have regular cervical screening and PAP smears to help detect any issues. A person should also see their doctor or gynecologist if they experience
concerning symptoms, such as abdominal or pelvic pain, changes to their menstrual cycle, or abnormal vaginal discharge. Most cervical conditions have a more favorable outcome if a person detects and treats them early. Fertility Cervical Cancer / HPV VaccineWomen's Health / Gynecology Medical News Today has strict sourcing guidelines and relies
on peer-reviewed studies, academic research institutions, and medical journals and associations. We only use quality, credible sources to ensure content by reading our editorial policy. Alkilani, Y. G., et al. (2021). Cervical polyps. . Pelvic inflammatory
disease. (2022). biopsy. (20200. cancer statistics. (2020). o., et al. (2021). Physiology, cervical dilation. HPV infection fact sheet. (2021). papilloma virus (HPV). (2019). papilloma virus (HPV). (2021). Treatment and
care. Pelvic inflammatory disease. (2022). inflammatory disease (PID). (2021). of labor. (2019). M., et al. Cervical incompetence. D. K., et al. Physiology, menstrual cycle. (2021). J. (2016). Use of cervical insufficiency [Abstract]. J., et al. (2018). Cervical alterations in pregnancy. s LEEP? (n.d.). cervix is the part of
the inverted pear-shaped uterus that corresponds to the narrow stalk end of the pear. This cylindrical-shaped muscular structure is about 3-5 cm in length and lies partly in the upper vagina, extending superiorly into the retroperitoneal space behind the bladder and in front of the rectum. Reproductive female anatomy diagram By CDC, Mysid, Public
domain, via Wikimedia CommonsIt is supported by ligaments (cardinal ligaments laterally). Due to anteversion and retroversion, the cervix opens into the uterine cavity superiorly (via the internal os) and into the vagina
inferiorly (via the external os). The os appears round in nulliparous women but can be seen as a transverse slit in those who have gone through labour. Sectional view diagramBy Blausen.com staff (2014). "Medical gallery of Blausen Medical 2014". WikiJournal of Medicine 1 (2). DOI:10.15347/wjm/2014.010. ISSN 2002-4436; CC BY 3.0, via Wikimedia
CommonsIt is mainly composed of involuntary muscle superiorly and fibrous connective tissue inferiorly. The cervix is lined in its upper two thirds by ciliated, cylindrical epithelium which changes to stratified squamous epithelium at the squamous epithelium which changes to stratified squamous epithelium at the squa
external os varies depending on age, oestrogen use and other factors, including pregnancy. The transformation zone is the site of initiation of cervical cancer, the second most common cancer in women. The cervix receives its blood supply from the ovarian and uterine arteries (originating from the aorta and internal iliac arteries respectively). It has an
autonomic (sympathetic and parasympathetic) nerve supply and lymphatic drainage is to the external and internal iliac lymph nodes as well as the obturator node and the sacral nodes. The cervix acts as a canal between the vagina and the body of the uterus. Numerous deep glandular follicles lining the mucous membrane of the endocervix are
responsible for the production of mucus. This mucus changes consistency in response to the levels of oestrogen: it is profuse, watery and alkaline when levels are high but, as levels drop post-ovulation, it becomes even thicker and more tenacious, forming a plug rich in leukocytes. Microglandular
hyperplasia can occur during pregnancy and immediately postpartum as well as in women taking progesterone treatment. General points Examination of the cervix should be carried out in conjunction with examination of the other associated structures. Offer a chaperone (document this). 1 Always explain exactly what you are going to do at the
outset. Prepare everything in advance so that there is no interruption mid-examination. Encourage the patient to cover her torso and legs. A flexible light source. Non-
sterile gloves (double glove if you plan to then do a rectal examination). Warm running water. Vaginal speculae in various sizes (place in warm water if metallic). Lubricating jelly. Any additional instruments you may need, such as a cervical smear kit. Examination place in various sizes (place in warm water if metallic). Lubricating jelly. Any additional instruments you may need, such as a cervical smear kit. Examination place in various sizes (place in warm water if metallic). Lubricating jelly. Any additional instruments you may need, such as a cervical smear kit. Examination place in various sizes (place in warm water if metallic). Lubricating jelly. Any additional instruments you may need, such as a cervical smear kit. Examination place in various sizes (place in warm water if metallic). Lubricating jelly. Any additional instruments you may need, such as a cervical smear kit. Examination place in various sizes (place in warm water if metallic). Lubricating jelly. Any additional instruments you may need, such as a cervical smear kit. Examination place in various sizes (place in warm water if metallic). Lubricating jelly. Any additional instruments you may need, such as a cervical smear kit. Examination place in various sizes (place in warm water if metallic). Lubricating jelly. Any additional instruments you may need to be a cervical smear kit. Examination place in various sizes (place in warm water if metallic). Lubricating jelly. Any additional instruments you may need to be a cervical smear kit. Examination place in various sizes (place in warm water if metallic). Lubricating jelly. Any additional instruments you may need to be a cervical smear kit. Examination place in various sizes (place in warm water if metallic). Lubricating jelly. Any additional instruments you may need to be a cervical smear kit. Examination place in various sizes (place in warm water if metallic). Lubricating in various sizes (place in warm water if metallic) are a cervical sizes (place in warm water if metallic). Lubricating in 
speculum, initially with the handles to one side, then as you insert it pointing down towards the lower back, gradually turn it 90 so that the handles are anterior. When the handles of the speculum are almost flush with the perineum, gently open it without exerting pressure on the sensitive tissues of the urethra and clitoris. Position it so that the cervix
lies between the two arms of the speculum. Examine the cervix, making note of the shape of the os, uniformity of colour, and any asymmetry, lumps or other abnormalities. Carry out a smear if appropriate. Gently withdrawing it. The
elusive cervix: If the cervix is not immediately visible, don't withdraw immediately: Consider angling the blades of the speculum (anteriorly) until it comes into view. If it is partially concealed, a swab may be used to bring it fully out (it is essential to be able to see its entire circumference). The chaperone or woman herself may apply gentle
pressure on the suprapubic area. Putting her hands in fists in the small of her back or under her buttocks, thus tilting the pelvis, may help. Performing a bimanual examination will determine the location of the cervix and you can then consider whether the size of the speculum is right (if it is too small, it will not reach the fornices). Laying the patient on
her side is also used with varying success and has been shown useful in obese patients. 3In obese and multiparous women, the vaginal walls may prolapse between the speculum. This will then hold back the vaginal wall
between the bills of the speculum. If the view is still not adequate, abandon the procedure and either bring the patient back another day or refer to a colleague or a colposcopy clinic. Be sure to explain what is happening and why. Intimate gynaecological examinations can be particularly stressful for women with a history of sexual abuse because of the
perceived loss of control, power disparity and the physical sensation of the examination. 4 5 Clinicians need to be alert to this. 6 ColposcopyIn certain situations, a speculum examination is not enough (most commonly if abnormal cells are picked up on a routine smear test but also in cases of bleeding after intercourse, persistent severe vaginal
discharge, and intermenstrual bleeding, and in immunocompromised patients) and the cervix may need to be further assessed using a colposcope (a mounted binocular microscope). From the patient's perspective, this involves a similar procedure to a speculum examination, although the procedure is longer. The woman is examined in the lithotomy
position, using stirrups, and it may involve application of acetic acid or iodine. A biopsy may also be taken and laser treatment carried out. Colposcopy can safely be performed during pregnancy but biopsies and treatment will be postponed until after the time of delivery. Other procedures Further assessment of the cervix is usually carried out in the
context of suspicions of uterine abnormality, in which case, hysteroscopy or laparoscopy may be indicated. For information about cancer of the cervix and related topics, see the separate articles Cervical smear test) and Cervical smear test) and Cervical smear test) and Cervical smear test) and related topics, see the separate articles Cervical smear test) and cervical smear test) and cervical smear test) and cervical smear test) and related topics, see the separate articles Cervical smear test) and related topics, see the separate articles Cervical smear test) and cervical smear test) and related topics, see the separate articles Cervical smear test) and related topics, see the separate articles Cervical smear test) and related topics, see the separate articles Cervical smear test.
one of three problems: Failure of fusion of the Mllerian ducts during development, resulting in a duplicated or septate cervix (one cervix with two openings). Congenital absence or hypoplasia of the cervix at these may be associated with urinary tract or musculoskeletal (notably spinal) abnormalities. Partial agenesis may occur; if there is a primitive
uterus containing endometrium, haematometra occurs at puberty, producing cyclical abdominal pain. In utero exposure to non-steroidal oestrogens such as diethylstilbestrol (DES) which was used widely in the USA until 1971 to prevent preterm labour and miscarriage. 1 in 1,000-1,500 exposed female fetuses develop clear cell vaginal
adenocarcinoma of the vagina or cervix in the late teens or early twenties. Other problems include a hypoplastic T-shaped uterus as well as various gross and microscopic colposcopic abnormalities (for example, cervical rings, collars and hoods, epithelial changes and a shift in the location of the squamocolumnar junction). Benign
tumoursPolypsThese are the most common benign neoplasms of the cervix (found in 4% of the gynaecological population). They may be endocervical polyps are most usually found in the fourth to sixth decade of life. They are cherry red lesions which may be single or multiple and may appear as a pedunculated lesion on a
stalk of varying length. Cervical polyps are equally benign and tend to occur as single, smooth grey-white lesions that bleed easily if touched. Polyps tend to be asymptomatic but may also present with abnormal bleeding (such as during intercourse, heavy menstrual periods, between menstrual periods or after the menopause). Occasionally, they may
grow big enough to obstruct the external os and so cause infertility. Malignancy is rare (less than 1 in 200 cases) and the malignancy tends to arise from sources beyond the cervix. Polyps may be referred for this
but, if it is small (less than 2 cm x 1 cm) and you are confident in carrying out this procedure, it can be done in your surgery. However, be mindful of vagally stimulated bradycardia which may need treatment with atropine. Haemorrhage may also occur and require cautery for haemostasis. Surgical dilatation and curettage, electrosurgical excision or
hysteroscopic polypectomy may be performed for more persistent lesions. Occasionally, the appearance of the healed cervix following a cone biopsy can mimic a large polyp. All patients with suspicious lesions or who are symptomatic should be referred to a specialist clinic and the lesions sent to histology. Fibroids (myoma/leiomyoma) When found in
the cervix, fibroids (myoma/leiomyoma) are smooth, firm masses which are often solitary and tend to be small (5-10 mm in diameter). They account for about 3-9% of uterine myomata. A fibroid growing down into the cervix from higher up in the uterus is a more common situation. Symptoms relate to its size and exact location: dysuria, urgency,
obstruction of the cervix and dyspareunia. Management is guided by the size of the lesion and the age of the patient (whether she wants to retain fertility). It ranges from simple observation, to medical treatment with gonadotrophin-releasing hormone (GnRH) agonists, to surgery. The latter is tricky on account of the relative inaccessibility of these
lesions and the proximity to the bladder and ureters. Cervical endometriosis in the cervix is not uncommon and usually considered to cause few symptoms. It may be apparent as blue-red or blue-black lesions 1-3 mm in diameter. Occasionally, it can cause postcoital bleeding and it may present as a mass. Unless there are significant
symptoms, the vast majority of patients are managed conservatively but any patient with suspected cervical endometriosis should be referred to a gynaecologist to confirm the diagnosis and exclude more serious lesions. More unusual tumours Squamous papilloma. Microglandular hyperplasia. Papillary adenofibroma. Haemangioma. Mesonephric duct
remnants. Heterologous tissue. Abnormality of form Stenosis - this problem may be congenital or acquired and tends to occur at the level of the internal os. There are a number of causes in 1.3% of cases). Other acquired causes include radiotherapy
infection, neoplasia and atrophy following a cone biopsy. It may also be associated with endometriosis. Premenopausal patients present with menstrual disorders, pain and infertility, whereas postmenopausal patients may remain asymptomatic or develop symptoms over a very long period of time, after which they may present with haematometra,
hydrometra or pyometra. Diagnosis is made upon failure to introduce a 1-2 mm dilator into the uterine cavity and is confirmed when a large but painless palpable uterus is found. Treatment is with ultrasound-guided dilators or with osmotic dilators or with osmotic dilators such as laminaria tents (where the dried-out laminaria seaweed is packed into the cervix and slowly
expands). Prostaglandin pessaries can be used to soften the cervix where access is needed for procedures such as hysteroscopy. Ectropion (previously called cervical erosion or abrasion) - this occurs when the columnar epithelium of the endocervix is displayed beyond the os:The cervix enlarges under the influence of oestrogen and as a result the
endocervical canal is everted. It is seen on examination as a red ring around the os and is so common as to be regarded as normal. It is most commonly seen in teenagers, during pregnancy and in women on combined hormonal contraception but it can be seen at any age. It is generally an asymptomatic condition but patients occasionally present with
bleeding or excessive discharge. Once a normal cervical smear has been confirmed (or ectropion confirmed on examination, if too young for a smear), it is actively managed only if there are symptoms. Over time, vaginal acidity promotes metaplasia to squamous epithelium when the symptoms will disappear. After stopping any oestrogen-containing
contraceptive, treatment options are controversial but include diathermy, cryotherapy, surgery with laser treatment and microwave therapy. Nabothian cysts (Nabothian cysts/mucinous retention cysts/mucinous retention cysts/mucinous retention cysts/mucinous retention cysts. They look
like multiple translucent or opaque, white or yellow lesions ranging from 2 mm to 10 mm in size. They occur as a result of metaplasia leading to a squamous cell cover over columnar epithelium with mucus-producing crypts within it. When the mucus can no longer be expelled, a Nabothian cyst is formed. They are asymptomatic and need no treatment of metaplasia leading to a squamous cell cover over columnar epithelium with mucus-producing crypts within it.
Very rarely they may be problematic if they grow very large, in which case they may be treated with cautery or cryotherapy. Lacerations can complicate hysteroscopy and abortion. Misoprostol prior to hysteroscopy reduces the risk of cervical laceration in pre-
menopausal women but has no effect on postmenopausal women. It occurs more commonly in the presence of cervical stenosis or atrophy and may also occur during delivery. Acute lacerations present with bleeding and need suturing once the extent of the lacerations present with bleeding and need suturing once the extent of the lacerations present with bleeding and need suturing once the extent of the laceration is ascertained. Poor repair may lead to subsequent cervical incompetence. Symptoms or atrophy and may also occur during delivery. Acute laceration is ascertained. Poor repair may lead to subsequent cervical incompetence of cervical inco
- these vary from none to abnormal yellow-green discharge, bleeding (especially postcoital), dysuria. Signs - green/yellow/opaque mucopurulent discharge, bleeding (especially postcoital), dysuria. Signs - green/yellow/opaque mucopurulent discharge, bleeding (especially postcoital), dysuria. Signs - green/yellow/opaque mucopurulent discharge, bleeding (especially postcoital), dysuria. Signs - green/yellow/opaque mucopurulent discharge, bleeding (especially postcoital), dysuria. Signs - green/yellow/opaque mucopurulent discharge, bleeding (especially postcoital), dysuria.
antimicrobial, guided by results from swabs. See the separate article Sexually transmitted infections for further information. Inflammatory cervicitis can also be caused by mechanical trauma (tampons, pessaries, threads from an intrauterine device), chemical irritants (douching, spermicides), and systemic inflammatory disease such as Behet's disease
The treatment depends on the cause. Cervical incompetence in the context of a miscarriage occurring after 12-14 weeks or in premature labour. It presents as a painless dilatation of the cervix through which the membranes bulge and eventually spontaneously erupt. Diagnosis is based on a past history of second-trimester
miscarriages, and ultrasound scanning may confirm shortening or funnelling of the cervix. Treatment involves prophylactic placement of a cervical stitch (cerclage) with the aim to prevent loss of the pregnancy (an emergency procedure can also be carried out). Cervical cerclage shows some benefit for women with evidence of a shortened cervix on
physical examination but not for those without the short cervix but a previous history of pre-term birth or where the shortened cervix was only seen on ultrasound.9Ectopic pregnancies. It may be seen as a bluish hue on the cervix and,
rarely, a gestational sac and live fetus can be identified on ultrasonography. This is such a rare occurrence that there is no management protocol but, from the case studies available, medical termination appears to be the best option because life-threatening haemorrhage may occur. Lower part of the uterus in the female reproductive system For other
uses, see Cervix (disambiguation). Uterine cervixHuman cervixDiagram of the female human reproductive tractDetailsPrecursorParamesonephric ductsArteryVaginal artery and uterine cervixHuman cervixDiagram of the female human reproductive tractDetailsPrecursorParamesonephric ductsArteryVaginal artery and uterine cervixHuman cervixDiagram of the female human reproductive tractDetailsPrecursorParamesonephric ductsArteryVaginal artery and uterine cervixHuman cervixDiagram of the female human reproductive tractDetailsPrecursorParamesonephric ductsArteryVaginal artery and uterine cervixDiagram of the female human reproductive tractDetailsPrecursorParamesonephric ductsArteryVaginal artery and uterine cervixDiagram of the female human reproductive tractDetailsPrecursorParamesonephric ductsArteryVaginal artery and uterine cervixDiagram of the female human reproductive tractDetailsPrecursorParamesonephric ductsArteryVaginal artery and uterine cervixDiagram of the female human reproductive tractDetailsPrecursorParamesonephric ductsArteryVaginal artery and uterine cervixDiagram of the female human reproductive tractDetailsPrecursorParamesonephric ductsArteryVaginal artery and uterine cervixDiagram of the female human reproductive tractDetailsPrecursorParamesonephric ductsArteryVaginal artery are also as a female human reproductive tractDetails are also as a female human reproductive tractDetails are a femal
cervix (Latin: cervix uteri) is a dynamic fibromuscular sexual organ of the female reproductive system that connects the vagina with the uterine cavity.[1] The human female cervix is approximately 4cm (1.6in) long with a diameter of
approximately 3cm (1.2in) and tends to be described as a cylindrical shape, although the front and back walls of the cervix are contiguous.[1] The size of the cervix are contiguous.[1] The size of the cervix changes throughout a females; likewise, females in the fertile years of their reproductive cycle tend to have larger cervixes than postmenopausal females; likewise, females in the fertile years of their reproductive cycle tend to have larger cervixes than postmenopausal females; likewise, females in the fertile years of their reproductive cycle tend to have larger cervixes than postmenopausal females; likewise, females in the fertile years of their reproductive cycle tend to have larger cervixes than postmenopausal females; likewise, females in the fertile years of their reproductive cycle tend to have larger cervixes than postmenopausal females; likewise, females in the fertile years of their reproductive cycle tend to have larger cervixes than postmenopausal females; likewise, females in the fertile years of the cervix are contiguous.
who have produced offspring have a larger cervix than those who have not.[1]In relation to the vagina, the part of the cervix that opens into the vagina is called the internal os while the opening of the cervix into the vagina, the part of the
cervix, known as the vaginal portion of the cervix (or ectocervix), bulges into the top of the vagina.[citation needed] The endocervix borders the uterus. The cervical conduit has at least two types of epithelium (lining): the endocervix borders the uterus. The cervical conduit has at least two types of epithelium (lining): the endocervix borders the uterus.
ectocervical part of the conduit contains squamous epithelium.[1] Squamous epithelium.[1] The cervix is the organ that allows epithelia to flow from a female's life.[1] The cervix is the organ that allows epithelia to flow from a female to fl
female's uterus and out through her vagina at menstruation. Menstruation releases epithelia from a females uterus with every period of her fertile years, unless pregnancy occurs. Several methods of contraception aim to prevent fertilization by blocking the conduit, including cervical caps and cervical diaphragms, preventing the passage of sperm
through the cervix. Other approaches include methods that observe cervical mucus, such as the Creighton Model and Billings method. Cervical mucus's consistency changes during menstrual periods, which may signal ovulation. During vaginal childbirth, the cervix must flatten and dilate to allow the foetus to progress along the birth canal. Midwives
and doctors use the extent of cervical dilation to assist decision-making during childbirth. Cervical infections with the human papillomavirus (HPV) can cause changes in the epithelium, which can lead to cancer of the cervix. Cervical cytology tests can detect cervical cancer and its precursors to enable early, successful treatment. Ways to avoid HPV
include avoiding heterosexual sex, using penile condoms, and receiving the HPV vaccination. HPV vaccination the main cancer-causing strains of HPV.[2]Diagram of the uterus and part of the vagina. The cervix is the lower part of the uterus
situated between the external os (external orifice) and the internal orifice). The cervical canal connects the interior of the vagina and the cavity of the body of uterus. The cervix is part of the uterus, continuous above with the
broader upper partor bodyof the uterus.[4] The lower end of the cervix bulges through the anterior wall of the vagina, and is referred to as the vagina portion of cervix.[4] A central canal, known as the cervix above the vagina, and is referred to as the vagina portion of the cervix above the vagina portion of the cervix (or ectocervix), while the rest of the cervix above the vagina portion of the cervix above the vagina portion of the cervix (or ectocervix), while the rest of the cervix above the vagina portion of the 
connects the cavity of the body of the uterus with the lumen of the vagina.[4] The openings are known as the endocervix,[5] and the mucosa covering the ectocervix is known as the exocervix.[6] The cervix has an inner
mucosal layer, a thick layer of smooth muscle, and posteriorly the supravaginal portion has a serosal covering consisting of connective tissue and overlying peritoneum. [4] normal cervix of an adult viewed through vagina using a bivalved vaginal speculum. The functional squamocolumnar junction surrounds the external os and is visible as the
irregular demarcation between the lighter and darker shades of pink mucosa. Cervix before (left) and after vaginal birth (right) In front of the upper part of the cervix. [4] To the rear, the supravaginal cervix is covered
by peritoneum, which runs onto the back of the vaginal wall and then turns upwards and onto the rectum, forming the recto-uterine pouch.[4] The cervix is more tightly connected to surrounding structures than the rest of the uterus.[7]The cervix is more tightly connected to surrounding structures than the recto-uterine pouch.[4] The cervix is more tightly connected to surrounding structures than the rest of the uterus.[7]The cervix is more tightly connected to surrounding structures than the rest of the uterus.[7]The cervix is more tightly connected to surrounding structures than the rest of the uterus.[7]The cervix is more tightly connected to surrounding structures than the rest of the uterus.[8] and it can
measure 8mm (0.3 inch) at its widest diameter in premenopausal adults.[8] It is wider in the middle and narrower at each end. The anterior and posterior walls of the canal each have a vertical fold, from which ridges run diagonally upwards and laterally. These are known as palmate folds, due to their resemblance to a palm leaf. The anterior and
posterior ridges are arranged so that they interlock with each other and close the canal. They are often effaced after pregnancy.[7]The ectocervix (also known as the vaginal fornices. On the rounded part of the ectocervix is a
 small, depressed external opening, connecting the cervix with the vagina. The size and shape of the ectocervix and the external opening (external opening to age, hormonal state, and whether childbirth has taken place. In women who have had
a vaginal delivery, it is slit-like.[8] On average, the ectocervix is 3cm (1.2in) long and 2.5cm (1in) wide.[3]Blood is supplied to the cervix by the descending branch of the uterine artery[9] and drains into the uterine artery[9] are uterine artery[9] and drains into the uterine artery[9] and drains into the uterine artery[9] are uterine artery[9] and drains into the uterine artery[9] are uterine are uterine artery[9] are uterine are uterine
travel along the uterosacral ligaments, which pass from the uterus to the anterior sacrum.[9]Three channels facilitate lymphatic drainage from the cervix.[11] The anterior and lateral cervix drains to nodes along the uterine arteries, travelling along the cardinal ligaments at the base of the broad ligament to the external iliac lymph nodes and
ultimately the paraaortic lymph nodes. The posterior and lateral cervix drains along the uterine arteries to the internal iliac lymph nodes. [3][10][11] However, there are variations as lymphatic drainage from the cervix
travels to different sets of pelvic nodes in some people. This has implications in scanning nodes for involvement in cervical cancer.[11] After menstruation and directly under the influence of estrogen, the cervix remains firm and is positioned low and
closed. However, as ovulation approaches, the cervix becomes softer and rises to open in response to the higher levels of estrogen present.[12] These changes are also accompanied by changes in cervical mucus,[13] described below. As a component of the female reproductive system, the cervix is derived from the two paramesone phric ducts (also
called Mllerian ducts), which develop around the sixth week of embryogenesis. During development, the outer parts of the two ducts fuse, forming a single urogenital canal that will become the vagina, cervix and uterus.[14] The cervix grows in size at a smaller rate than the body of the uterus, so the relative size of the cervix over time decreases,
decreasing from being much larger than the body of the uterus in fetal life, twice as large during childhood, and decreasing to its adult size, smaller than the uterus, after puberty.[10] Previously, it was thought that during fetal development, the original squamous epithelium of the cervix is derived from the uterus, after puberty.[10] Previously, it was thought that during fetal development, the original squamous epithelium of the cervix is derived from the uterus, after puberty.[10] Previously, it was thought that during fetal development, the original squamous epithelium of the cervix is derived from the uterus, after puberty.[10] Previously, it was thought that during fetal development, the original squamous epithelium of the cervix is derived from the uterus, after puberty.[10] Previously, it was thought that during fetal development, and the original squamous epithelium of the cervix is derived from the uterus, after puberty.[10] Previously, it was thought that during fetal development, and the original squamous epithelium of the cervix is derived from the uterus, after puberty.[10] Previously, it was thought that during fetal development, and the original squamous epithelium of the uterus is derived from the uterus is defined as a squamous epithelium of the uterus is defined as a squamous epithelium of the uterus is defined as a squamous epithelium of the uterus is defined as a squamous epithelium of the uterus is defined as a squamous epithelium of the uterus is defined as a squamous epithelium of the uterus is defined as a squamous epithelium of the uterus is defined as a squamous epithelium of the uterus is defined as a squamous epithelium of the uterus is defined as a squamous epithelium of the uterus is defined as a squamous epithelium of the uterus is defined as a squamous epithelium of the uterus epithelium of the ute
epithelium is derived from the paramesonephric duct. The point at which these two original epithelia meet is called the original epithelium are derived from Mllerian duct tissue and that phenotypic differences might be due to other accounts to the responsibility of the variance of the responsibility of the 
causes.[16]Transformation zone mucosa, when the squamocolumnar junction has a gradual transition. It consists of a mix of stratified squamous epithelium and mucinous glands. H&E stain. A nulliparous woman's ectocervix showing cervical ectropion
visible as the darker red mucosa surrounding the cervical os. Viewed on speculum exam. The endocervical mucosa is about 3mm (0.12in) thick and lined with a single layer of columnar mucous cells. It contains numerous tubular mucous glands, which empty viscous alkaline mucus into the lumen. [4] In contrast, the ectocervix is covered with
nonkeratinized stratified squamous epithelium, [4] which resembles the squamous epithelium is a tough layer of collagen. [18] The mucosa of the endocervix is not shed during menstruation
The cervix has more fibrous tissue, including collagen and elastin, than the rest of the uterus. [4] The squamocolumnar junction of the error, with abrupt transition: The ectocervix, with abrupt transition of the endocervix, with abrupt transition of the endocervix of the end
visible under both types of epithelium. Transformation zone types:[19]Type 1: Completely ectocervical (common under hormonal influence). Type 2: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common before puberty). Type 3: Endocervical component but fully visible (common but fully visible 
junction is just within the cervical canal.[17]:411 Upon entering puberty, due to hormonal influence, and during pregnancy, the columnar epithelium extends outwards onto the vaginal portion of the cervix, where it is exposed to the
acidic vaginal environment.[15]:106[17]:411 The exposed columnar epithelium can undergo physiological metaplastic squamous epithelium when mature.[17]:411 The new squamocolumnar junction is therefore internal to the original
squamocolumnar junction, and the zone of unstable epithelium between the two junctions is called the transformation zone of the cervix.[17]:411 Histologically, the transformation zone is generally defined as surface squamous epithelium with surface columnar epithelium or stromal glands/crypts, or both.[20]After menopause, the uterine structures
involute, and the functional squamocolumnar junction moves into the cervical canal.[17]:41Nabothian cysts (or Nabothian follicles) form in the transformation zone where the lining of metaplastic epithelium has replaced mucous epithelium and caused a strangulation of the outlet of some of the mucous glands.[17]:410411 A buildup of mucus in the
glands forms Nabothian cysts, usually less than about 5mm (0.20in) in diameter,[4] which are considered physiological rather than pathological canal is a pathway through which sperm enter the uterus after being induced by
estradiol after penile-vaginal intercourse, [21] and some forms of artificial insemination. [22] Some sperm over several hours and maximising the chances of fertilisation. [23] A theory states the cervical and uterine contractions during orgasm draw semen
into the uterus.[21] Although the "upsuck theory" has been generally accepted for some years, it has been disputed due to lack of evidence, small sample size, and methodological errors.[24][25]Some methods of fertility awareness, such as the Creighton model and the Billings method involve estimating a woman's periods of fertility and infertility by
observing physiological changes in her body.[26] Among these changes are several involving the quality of her cervical mucus: the sensation it causes at the vulva, its elasticity (Spinnbarkeit), its transparency, and the presence of ferning.[12]Several hundred mucus-secreting crypts[27] in the endocervix produce 2060mg of cervical mucus a day,
increasing to 600mg around the time of ovulation. The viscosity and water content vary during the menstrual cycle; cervical mucus is composed of around 93% water, reaching 98% at midcycle. It contains electrolytes such as calcium, sodium, and potassium; organic components such as glucose, amino acids, and soluble proteins; trace elements
including zinc, copper, iron, manganese, and selenium; free fatty acids; enzymes such as amylase; and prostaglandins.[13] Its consistency is determined by the influence of the hormones estrogen and progesterone. In the follicular phase of the menstrual cycle, estrogen dominates and cervical mucus gradually becomes thinner, hitting its lowest
viscosity at ovulation.[28][29] At midcycle, around the time of ovulationa period of high estrogen levels the mucus is thin and serous to allow sperm to enter the uterus and is more alkaline and, hence, more hospitable to sperm.[23] It is also higher in electrolytes, which results in the "ferning" pattern that can be observed in drying mucus under low
       nification; as the mucus dries, the salts crystallize, resembling the leaves of a fern. 12 The mucus has a stretchy character described as Spinnbarkeit most prominent around ovulation.
from entering the uterus.[31] Women taking an oral contraceptive pill also have thick mucus from the effects of progesterone.[23] Thick mucus plug, called the operculum, forms inside the cervical canal during pregnancy. This provides a protective seal for the
uterus against the entry of pathogens and leakage of uterine fluids. The mucus plug is released as the cervix dilates, either during the first stage of childbirth or shortly before.[33] It is visible as a blood-tinged mucous discharge.[34]When the head of the fetus pushes against the cervix, a signal
(2) is sent to the brain. This causes a signal to be sent to the pituitary gland to release oxytocin (4). Oxytocin is carried in the bloodstream to the uterus, causing contractions to induce childbirth. As the fetus descends within the uterus in preparation for birth, the presenting part, usually the head, rests on and
is supported by the cervix.[35] As labour progresses, the cervix becomes softer and shorter, begins to dilate, and withdraws to face the anterior of the body.[36] The support the cervix must dilate to a diameter of more than 10cm (3.9in)
to accommodate the head of the fetus as it descends from the uterus to the vagina. In becoming wider, the cervix also becomes shorter, a phenomenon known as effacement.[35]Along with other factors, midwives and doctors use the extent of cervical dilation to assist decision-making during childbirth.[37][38] Generally, the active first stage of
labour, when the uterine contractions become strong and regular, [37] begins when the cervix has dilated to 10cm (4in), which is regarded as its fullest dilation, [35] and is when active pushing and contractions push the baby along the birth canal leading
to the birth of the baby.[38] The number of past vaginal deliveries is a strong factor in influencing how rapidly the cervix can dilate and efface is one factor used in reporting systems such as the Bishop score, used to recommend whether interventions such as a forceps delivery, induction, or
Caesarean section should be used in childbirth.[35]Cervical incompetence is a condition in which shortening of the cervix due to dilation and thinning occurs before term pregnancy. Short cervical length is the strongest predictor of preterm birth.[36]Several methods of contraception involve the cervix. Cervical diaphragms are reusable, firm-rimmed
plastic devices inserted by a woman before intercourse that cover the cervix. Pressure against the walls of the vagina maintain the position of the diaphragm, and it acts as a physical barrier to prevent the entry of sperm into the uterus, preventing fertilisation. Cervical caps are a similar method, although they are smaller and adhere to the cervix by
suction. Diaphragms and caps are often used in conjunction with spermicides.[41] In one year, 12% of women unintended pregnancy, and with optimal use this falls to 6%.[42] Efficacy rates are lower for the cap, with 18% of women unintended pregnancy, and 1013% with optimal use.[43] Most
types of progestogen-only pills are effective as a contraceptive because they thicken cervical mucus, making it difficult for sperm to pass along the cervical canal. [44] In addition, they may also sometimes prevent ovulation. [44] In addition, they may also sometimes prevent ovulation.
mainly by preventing ovulation. [45] They also thicken cervical mucus and thin the lining of the uterus, enhancing their effectiveness. [45] Main article: Cervical cancer in women worldwide, with rates varying geographically from less than one to more than 50 cases per 100,000 women. [needs
update][46] It is a leading cause of cancer-related death in poor countries, where delayed diagnosis leading to poor outcomes is common.[47] The introduction of routine screening has resulted in fewer cases of (and deaths from) cervical cancer, however this has mainly taken place in developed countries. Most developing countries have limited or no
screening, and 85% of the global burden occurs there. [48] Cervical cancer nearly always involves human papillomavirus (HPV) infection. [49] [50] HPV is a virus with numerous strains, several of which predispose to precancerous changes in the cervical epithelium, particularly in the transformation zone, which is the most common area for cervical
cancer to start.[51] HPV vaccines, such as Gardasil and Cervarix, reduce the incidence of cervical screening, using methods including a Pap smear (also called a cervical smear), in which
epithelial cells are scraped from the surface of the cervix, was invented in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios Papanikolaou in 1925. The Pap smear was developed by Georgios P
was developed by Aurel Babes in 1927.[54] In some parts of the developed world, including the UK, the Pap test has been superseded with liquid-based cytology. [55] An inexpensive, cost-effective and practical alternative in poorer countries is visual inspection with acetic acid (VIA). [47] Instituting and sustaining cytology-based programs in these
regions can be difficult, due to the need for trained personnel, equipment and facilities and difficulties in follow-up. With VIA, results and treatment can be available on the same day. As a screening test, VIA is comparable to cervical cytology in accurately identifying precancerous lesions. [56]A result of dysplasia is usually further investigated, such as
by taking a cone biopsy, which may also remove the cancerous lesion.[52] Cervical intraepithelial neoplasia is a possible result of the biopsy and represents dysplastic changes that may eventually progress to invasive cancer.[57] Most cases of cervical intraepithelial neoplasia is a possible result of the biopsy and represents dysplastic changes that may eventually progress to invasive cancer.[57] Most cases of cervical intraepithelial neoplasia is a possible result of the biopsy and represents dysplastic changes that may eventually progress to invasive cancer.[57] Most cases of cervical intraepithelial neoplasia is a possible result of the biopsy and represents dysplastic changes that may eventually progress to invasive cancer.[57] Most cases of cervical intraepithelial neoplasia is a possible result of the biopsy and represents dysplastic changes that may eventually progress to invasive cancer.[57] Most cases of cervical intraepithelial neoplasia is a possible result of the biopsy and represents dysplastic changes that may eventually progress to invasive cancer.[57] Most cases of cervical intraepithelial neoplasia is a possible result of the biopsy and represents dysplastic changes that may eventually progress to invasive cancer.[57] Most cases of cervical intraepithelial neoplastic changes that may eventually progress to invasive changes that may eventually progress that may eventua
may include vaginal bleeding, discharge, or discomfort. [58] When associated with a mucous vaginal discharge and sexually transmitted infections such as chlamydia and
gonorrhoea.[60] As many as half of pregnant women having a gonorrheal infection of the cervix are asymptomatic.[61] Other causes include overgrowth of the commensal flora of the vagina.[50] When associated with the ectocervix, inflammation may be caused by the herpes simplex virus. Inflammation is often investigated through directly
visualising the cervix using a speculum, which may appear whiteish due to exudate, and by taking a Pap smear and examining for causal bacteria. Special tests may be given as treatment.[60]Cervical stenosis is an abnormally narrow cervical canal,
typically associated with trauma caused by removal of tissue for investigation or treatment of cancer, or cervical stenosis and other abnormalities in the daughters of the exposed
women. Other abnormalities include: vaginal adenosis, in which the squamous epithelium of the ectocervix becomes columnar; cancers such as clear cell adenocarcinomas; cervical ridges and hoods; and development of a cockscomb cervix appearance, [63] which is the condition wherein, as the name suggests, the cervix of the uterus is shaped like a
cockscomb. About one-third of women born to diethylstilbestrol-treated mothers (i.e., in-utero exposure) develop a cockscomb cervix.[63] Enlarged folds or ridges of cervical stroma (fibrous tissues) and epithelium constitute a cockscomb cervix.[64] Similarly, cockscomb polyps lining the cervix are usually considered or grouped into the same
overarching description. It is in and of itself considered a benign abnormality; its presence, however, is usually indicative of DES exposure, and as such, women who experience these abnormalities should be aware of their increased risk of associated pathologies. [65] [66] [67] Cervical agenesis is a rare congenital condition in which the cervix
completely fails to develop, often associated with the concurrent failure of the vagina and uterus. The cervix may be duplicated in situations such as bicornuate uterus and uterine didelphys. [69] Cervical polyps, which are benign overgrowths
of endocervical tissue, if present, may cause bleeding, or a benign overgrowth may be present in the cervical columnar lining in a one-cell-thick layer over the ectocervix. [60] Female marsupials have paired uteri and cervices. [70] [71] Most eutherian (placental)
mammal species have a single cervix and a single cervix and a single cervix and a rodents, aardvarks, and hyraxes have a duplex uterus and two cervices. [72] Lagomorphs and rodents share many morphological characteristics and are grouped together in the clade Glires. Anteaters of the family Myrmecophagidae are unusual in that they
lack a defined cervix; they are thought to have lost the characteristic rather than one lineage. [73] In domestic pigs, the cervix contains a series of five interdigitating pads that hold the boar's corkscrew-shaped penis during copulation. [74] The word cervix (/srvks/) came to English from Latin cervx,
which means "neck". Like its English translation, the Latin word can refer not only to the neck [of the body], but also to an analogous narrowed part of an object. Thus, the term cervix used alone usually refers to it. The first attested use of
the word in English to refer to the cervix of the uterus was in 1702.[75] The adjective cervical may refer either to the neck (as in cervical cancer). The Latin word cervix was in turn used to translate the Greek word (auchn),[76] "neck". The cervix was documented
in anatomical literature in at least the time of Hippocrates; cervical cancer was first described more than 2,000 years ago, with descriptions provided by both Hippocrates and Aretaeus. [53] Greek writers usually used the term (stmachos) to refer to the cervical cancer was first described more than 2,000 years ago, with descriptions provided by both Hippocrates; cervical cancer was first described more than 2,000 years ago, with descriptions provided by both Hippocrates; cervical cancer was first described more than 2,000 years ago, with descriptions provided by both Hippocrates and Aretaeus.
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Retrieved 19 March 2014.^ a b Galen IJ, ed. (2011). Galen: On Diseases and Symptoms. Translated by Johnston I. Cambridge University Press. p.247. ISBN 978-1-139-46084-2. "Intrapartum care: Care of healthy women and their babies during childbirth". NICE. September 2007. Archived from the original on 2014-04-26. Media related to Cervix uteri at Wikimedia CommonsRetrieved from "The cervix is the lower portion (or the "neck") of the uterus. It is approximately 1 inch long and 1 inch wide and opens into the vagina. The cervix functions, including: Producing cervical important functions, including: Producing cervical important functions, including: Producing cervical important functions as the entrance for sperm to enter the uterus. I jubaphoto / Getty Images Your cervix has several important functions, including: Producing cervical important functions as the entrance for sperm to enter the uterus. mucus during the most fertile phase of the menstrual cycle, which helps sperm travel from the uterus Opening during labor to allow the baby to pass through the birth canalProtecting the uterus from bacteria and other foreign objects Here is how the cervix functions during specific phases of the menstrual cycle and pregnancy: During menstruation, the cervix opens a small amount to permit the passage of menstrual blood out of the uterus and through the vagina. Conception occurs when sperm travel through the cervix to enter the uterus and ultimately fertilize an egg. Around ovulation, the most fertile part of the menstrual cycle, your cervix produces clear mucus, which helps the sperm reach the uterus. During pregnancy, cervical mucus thickens to create a cervical "plug" that shields the growing embryo from infection. When a pregnant person gets closer to going into labor, the cervical plug thins and is expelled. date nears, your healthcare provider will check the cervix for dilation to try to gauge when you are likely to give birth. During menopause, hormonal changes and aging change the nature of the cervix is located between the uterus and the vagina. It's possible to feel the cervix with your finger; if you do so, you'll notice that it changes texture over the course of your cycle. In order to actually see your cervix, you will need to use a mirror and a bright light, but it may still be difficult to see based on the length of your wagina. The narrow opening of the cervix is called the os. The cervical os allows menstrual blood to flow out from the vagina during a gynecological exam, is called the ectocervix. The lowest part, which can be seen from inside the vagina during a gynecological exam, is called the ectocervix. The lowest part is the endocervix, also called the endocervical canal. It's the passage between the ectocervix and the uterus. The point in the middle where the endocervix and ectocervix and ectocervix and ectocervix and the uterus. The point in the middle where the endocervix and ectocervix and ectocervix and the uterus. The point in the middle where the endocervix and ectocervix and ect Squamous cells are flat and scaly, while columnar cells are, as their name suggests, column-like. The cervical cancer: Most cases of cervical cancer: Most cases, including: Cervical cancer: Most cases of cervical cancer: Most cases, including: Ce Control and Prevention suggest that all children be vaccinated against HPV at ages 11 to 12, but some people can be vaccinated up to age 45. Cervicitis: Cervicitis occurs when the the cervix becomes inflamed, sometimes as the result of a sexually transmitted infection such as chlamydia, gonorrhea, or herpes. Cervical dysplasia: This is the term for abnormal cells in the cervix that can develop into cervical cancer. Cervical dysplasia may be discovered with a Pap test. Cervical polyps: These are small growths on the ectocervix. Polyps are painless and usually harmless, but they can cause vaginal bleeding. Cervical insufficiency: Also called incompetent cervix, this occurs when the cervix is too weak to maintain a pregnancy, potentially leading to a miscarriage. In some cases, the cervix is surgically removed along with the uterus to treat cancer or certain other conditions. This is called a total hysterectomy. It's important to have regular Pap smears to detect early changes to the cervical called a total hysterectomy. It's important to have regular Pap smears to detect early changes to the cervical cancer. However, the majority ofabnormal Pap smearsare due to inflammation or infection. It's helpful to know how your cervix functions, as it plays an important role in conception, menstruation, and childbirth. Talk to your gynecologist about how you can maintain a healthy cervix with regular Pap smears, safer sex (to avoid STIs), and getting the HPV vaccine. Frequently Asked Questions The cervix is a little over 1 inch long and about an inch wide. It is the "neck" of the uterus and has an opening in the cervical os. It is made up of muscle tissue and opens into the vagina. Depending on the reason for the surgery, the procedure is performed one of three ways: laparoscopically, via an abdominal incision, or through the vagina. The cervix and the uterus are removed as part of a total hysterectomy, this may be done to treat cancer, fibroids, or other conditions. Sometimes only the cervix is removed in someone with cervical cancer, who hopes to have a baby in the future. This is called a trachelectomy. Disclaimer: The content on this site is for educational purposes only and is not a substitute for professional medical advice, diagnosis, or treatment. Anatomy.co. ukLearn Human Anatomy.co. ukLearn Hum fetus grows and develops.[6] It is inverted pear-shaped, located in the pelvis, between the rectum and the bladder. The uterus body consists of two layers. The innermost layer is called "endometrium". On the outside, the muscular layer or myometrium is placed, which is the one that performs contractions of the uterus with the vagina. The size and shape of the cervix varies according to age, the timing of the hormonal cycle, and the number of births.[3] The cervix is divided into two sections: The part of the cervix closest to the vagina is named exocervix. The portion id="attachment 299" is named exocervix are the squamous cells (in the endocervix). [caption id="attachment 299" is named exocervix. The portion closest to the vagina is named exocervix. The portion closest to the vagina is named exocervix. The portion closest to the vagina is named exocervix. align="aligncenter" width="524"] Cervix - Its location in the human body[/caption] The cervix is the lower fibromuscular portion of the uterus with the vagina; it is an anatomical component exclusive to the female in mammals. The cervix is the region of the reproductive system, which is the boundary of the uterus with the vagina. It is a sphincter-shaped structure, composed by folds and crypts, whose main function is to act as a barrier separating the uterus. This function is essential for a successful pregnancy to develop. The most prominent structure of the cervix are its rings, which are supported by a strong sheet of smooth muscle fibers, which allows it to contract or relax during estrus, to allow the semen passageway towards the uterus, or the expulsion of the fetus during the estrous cycle.[4] During the estrus phase, the cervical mucus. The amount and viscosity of this secretion depends up on the predominance of estrogen or progesterone during the estrous cycle.[4] During the estrus phase, the cervical mucus is very fluid in order to facilitate the ascent of the spermatozoa, but instead, once ovulation has happened due to progesterone, it becomes a very viscous secretion.[5] [caption] Exocervix: It is surrounded by vaginal sacs. It is covered by a stratified squamous epithelium, and has multiple cell layers. The intermediate and superficial cell layers of the squamous epithelium contain glycogen. Endocervix: It is in the center of the cervix, forming the endocervical canal that connects the external cervical orifice (OCE) with the uterine cavity. It is covered by a reddish cylindrical epithelium of a single cellular layer. External cervical cavity: It communicates the cervical cavity: It communicates the cervical orifice. It varies according to the nulliparous in the form of a circular aperture of little diameter; In the multiparous area, its appearance changes due to the tears of the birth, acquiring the aspect of transverse and starred cleft in cases of oblique tears, which deform the external cervical orifice to the internal cervical orifice. It measures about 6 mm in diameter; it is covered of simple cylindrical endocervical epithelium secreting mucus, which allows it to be totally occluded by the cervical mucus, constituting the so-named endocervical mucus plug is expelled at the beginning of the prodromal birth phase in the form of phlegm. Internal cervical cavity: It usually measures 10 mm approx., and it delimits the endocervical cavity that a problem and fails, can lead to cervical ineffectiveness with effacement and subsequent dilation of the cervix, causing late miscarriage and early birth. Squamous-cylindrical intersection: It is the union of the cylindrical epithelium with the squamous epithelium, and it is usually located in the external cervical orifice, but it varies according to the age, depending on the moment of the menstrual cycle, and other factors like the pregnancy, or the use of oral contraceptives. The cervix is the lowest part of the uterus, extending into the vagina. The cells of the cervix change constantly, but if the changes become abnormal, the dysplasia appears. Left untreated, dysplasia can lead into cancer. [8]However, periodic Pap tests can detect and treat early dysplasia. Normal cells of the cervix flatten out as they grow, forming a protective layer as they move to the surface. Dysplasia begins when abnormal cells on the surface of the cervix. Some cells may increase irregularly. Invasive cancer can invade other parts of the body. In cervix cancer, most tumors originate in the area where the exocervix joins the endocervix, resulting in squamous cell carcinomas. Cancer occurs when normal cells in the cervix begin to transform and grow uncontrollably. There are some risk factors related to the incidence of cervical cancer. The most important factor involved in the development of premalignant lesions is the papillomavirus infection, or human papillomavirus in fections. Most Human papillomavirus infections settle naturally.[1] Other factors that can be origin of this type of cancer are: Smoking: Women who smoke are twice as likely to develop cancer as nonsmokers. Sexual promiscuity: Women with many sexual couples are at greater risk. Sex at an early age Women who have weakened immune systems by use of drugs used in other pathologies, as well as treatment for HIV, or other cancers. Women suffering from genital herpes: Using oral contraceptives increases the chances of developing cervical cancer. [caption id="attachment 291" align="aligncenter" width="1000"] Cancer of the cervix - Different phases [/caption] The symptoms that women with cancer of cervix can have are: Mild bleeding between menstruations, or at the end of each menstruations, or during pelvic gynecological examination Increased vaginal expulsion Flow of blood after menopause.[caption id="attachment_295" align="aligncenter" width="1000"] Picture - Endometriosis: Difference between healthy uterus and uterus with endometriosis (/caption) Published on October 3, 2017Last updated on April 24, 2025HomeExploreDiscussFlashcardsQuizUpdated by: Linda J. Vorvick, MD, Clinical Professor Emeritus, Department of Family Medicine UW Medicine, School of Medicine, University of Washington, Seattle, WA. Also reviewed by David C. Dugdale, MD, Medical Director, and the A.D.A.M. Editorial Dir imaging of pelvic structures. In: Gershenson DM, Lentz GM, Valea FA, Lobo RA, eds. Comprehensive Gynecology. 8th ed. Philadelphia, PA: Elsevier; 2022:chap 18.Nunziato JD, Valea FA, Lobo RA, eds. Comprehensive Gynecology. 8th ed. Philadelphia, PA: Elsevier; 2022:chap 3. Your cervix is an important part of your vaginal canal. It begins at the base of your uterus and extends downward onto the top part of your vagina. This place where your cervix bulges onto the uppermost part of your vagina is called your ectocervix. Your vagina, cervix and uterus are located behind your bladder and urethra (organs that allow you to poop). What does your cervix look like? The word cervix comes from the Latin word meaning neck. Like a neck, your cervix is shaped roughly like a cylinder or tube and connects your neck your nec parts:Internal OS: The opening that leads to your uterus. Your provider may refer to your ectocervix. Endocervix that bulges onto the top of your vagina. External OS: The opening that leads to your vagina. The place where the endocervical canal overlaps with the ectocervix is called the transformation zone (TZ). The TZ is the part of your cervix, indicating conditions like cervical dysplasia or cervical cancer. How big is your cervix? Your cervix is about an inch long. Cervical sizes vary, though. Generally, your cervix is larger among people in their reproductive years than those whove gone through menopause. Your cervix is larger among people in their reproductive years than those whove gone through menopause. Your cervix is larger among people in their reproductive years than those whove gone through menopause. timing of your menstrual cycle. If you insert your longest finger into your should eventually reach a barrier preventing your finger from sliding in further. This barrier is your cervix. It may feel firm and tight, or it may feel firm and tight for the feel firm an Its the softest and hardest to reach during ovulation. Take care that you only attempt to touch your cervix when youve washed your hands thoroughly with mild soap and warm water. Otherwise, you could expose your cervix to bacteria and cause infection. What is your cervix made of? Your cervix consists of strong fibromuscular tissue. Two main types of cells line your cervix: Glandular cells: These cells line the endocervical canal, the innermost part of your cervix, and your vagina. These cells cover the ectocervix, the outermost part of your cervix, and your vagina. These cells line the endocervical canal, the innermost part of your cervix, and your vagina. These cells line the endocervical canal, the innermost part of your cervix, and your vagina. These cells line the endocervical canal, the innermost part of your cervix, and your vagina. These cells line the endocervical canal, the innermost part of your cervix. during screenings for cervical cancer. Male - Corpus Cavernosum Paired erectile tissue bodies in penis. Male - Spermatic CordContains vas deferens, blood vessels, and nerves. Female - Labia MinoraInner folds of skin surrounding vestibule. Female - Myometrium Thick muscular layer of the uterus.Male - EpididymisStores and matures sperm.Female - VaginaCanal from cervix to external body birth canal.Female - UterusHouses and nourishes the developing fetus.Female - VaginaCounter folds of skin surrounding vaginal opening.Male - Tunica Albuginea Fibrous covering of the testes. Female - Ovaries Primary female reproductive organs that produce oocytes and hormones. Female - Uterine (Fallopian) Tubes Transport ova from ovaries to uterus. Female - Ampulla of Uterine Tube Site of fertilization. Female - Clitoris Erectile organ involved in female sexual response. Female - Endometrium Inner mucosal lining of the uterus. Female - Broad response. Female - Clitoris Erectile tissue surrounding urethra. Female - Broad response. Female - Broad response. Female - Clitoris Erectile tissue surrounding urethra. Female - Broad response. Female - Broad response. Female - Clitoris Erectile tissue surrounding urethra. Female - Broad response. Female - Broad response. Female - Broad response response. Female - Broad response response response. Female - Broad response respon LigamentSupports uterus, fallopian tubes, and ovaries. Female - HymenMembranous tissue partially covering vaginal opening. Male - Seminal fluid that nourishes sperm. Female - Suspensory Ligament of OvaryContains ovarian vessels

Cervix opening exercise. How to strengthen a weak cervix. Cervix stretching exercises. Cervix exercise. How to strengthen cervix. Cervix workout. Can pelvic floor exercises strengthen cervix.

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- http://agrifood.sk/upload/file/sotelomisozusof.pdf