

The cover features a dark teal vertical band on the left side. The right side is a light beige background with a large, faint, white concentric circle graphic. A diagonal band of light blue and white geometric shapes runs from the top left towards the bottom right, overlapping the teal band.

**THE ULTRASOUND
JOURNAL
Of
HEALTHCARE**

Vol 3, November, 2011

6

**THE
ULTRASOUND
JOURNAL
OF
HEALTH CARE**

**Volume 3
November, 2011**

HEALTH CARE
33/1, Northern Avenue
Kolkata-700 030

CONTENTS

	Page No.
❑ Editorial-I	(ii)
❑ Case Study on MRKH Syndrome — <i>Dr. Anindita Pal</i>	1
❑ Case Presentation — <i>Dr. Nabanita Chakraborty</i>	2
❑ Case Report — <i>Dr. Sujit Kumar Roy</i>	3
❑ Case Presentation — <i>Dr. K. B. Thakur</i>	7
❑ A Case Report of Chronic Calculus Cholecystitis with Choledocholithiasis — <i>Dr. Suchitra Ray Chaudhury</i>	9
❑ Adenocarcinoma of Gall Bladder — <i>Dr. Dipak Kumar Mistry</i>	12
❑ A Case Report of A Silent Killer of Women Presented — <i>Dr. Sanjib Sankar Mandal</i>	14
❑ Case Study of Right Sided Tubal Pregnange — <i>Dr. Dipanwita Dey Roy</i>	19
❑ Case Report of Duplex Right Kidney — <i>Dr. A. Vivekananda Singh</i>	20
❑ Case Study on Ureteric Calculus — <i>Dr. Manash Muhery</i>	22
❑ Study on Dysgerminoma Ovary — <i>Dr. Shakti Rupa Ghosh (Ballav)</i>	23
❑ Case Study on Left Adnexal Mass — <i>Dr. Kaushik Basu</i>	26
❑ Study on Locally Invasive Periapullary Carcinoma — <i>Dr. Rina Murari</i>	29
❑ Focused Assesment with Sonography for Trauma — <i>Dr. Shachindra Pratap Singh Maurya</i>	31
❑ Case Study on Leiomyomata — <i>Dr. Rupa Talukdar</i>	33

Editorial-I

Now-a-days, Pelvic Inflammatory Disease (P.I.D) mostly affects the teenagers. The causative organisms are Neisseria gonorrhoea & Chlamydia trachomatis of course, normal bacteria found in vagina & in the cervix can sometimes cause P.I.D.

Women who douche may have higher risk of developing P.I.D. and women who have intrauterine contraceptive device have slightly increased risk.

Patient presents with low grade fever, abdominal pain, back pain, painful menstruation, vaginal discharge, irregular menstrual bleeding.

It should be differentiated with appendicitis, ectopic pregnancy, septic abortion, ruptured ovarian cyst, twisted ovarian cyst, degeneration of myoma, acute enteritis, endometriosis, spasm of pelvic muscle, pelvic congestion syndrome, ovarian remnant, I.B.S. (irritable bowel syndrome) & psychosomatic factors.

The complication of P.I.D., can become chronic leading to adhesion of reproductive organs, infertility and ectopic pregnancy.

Sonological features include Fluid filled sausage shaped cystic structures with incomplete septa or swollen membrane, cog wheel type appearance of breads on a string appearance is seen. Moderate amount of fluid in the pouch of Douglas is expected. A multicystic structure with thick wall and thick septa filled with homogenous echogenic material like ground glass appearance is at times encountered.

The specific patient history, clinical findings and ultrasound findings are the prerequisite for correct diagnosis of P.I.D.

And treatment-management is directed to the cause.