



PELVIC INFLAMMATORY DISEASE (PID)

Summary

PID is an infection caused by bacteria. It can be serious, even life-threatening. PID can be successfully treated with antibiotics.

What is PID?

Pelvic Inflammatory Disease (PID) is a general term for a condition involving a woman's reproductive organs. The uterus (womb), ovaries, Fallopian tubes, or cervix can become inflamed and swollen because of an infection. In some cases, the infection can cause abscesses on the ovaries or Fallopian tubes.

Although PID can affect any woman, HIV-positive women may develop severe disease that is more difficult to treat. PID is a serious condition that can be life-threatening.

What causes PID?

PID is caused by a bacterial infection. Many cases of PID are caused by untreated or under-treated sexually transmitted diseases (STDs). The bacteria that cause gonorrhea or chlamydia are responsible for about 90 per cent of cases of PID. Women can become infected with STDs through unprotected sex with an infected person. The bacteria can travel from the vagina, through the cervix, into the uterus, and from there to the fallopian tubes and ovaries. Because women rarely have symptoms of chlamydia or gonorrhea, these

infections can often go unnoticed and untreated.

Prevention

Practising safer sex by using condoms or having non-penetrative sex can help reduce the risk of becoming infected with STDs.

Regular medical check-ups with pelvic examinations and tests for STDs can help HIV-positive women and their doctors find and treat these infections as soon as possible.

Symptoms of PID

PID can cause a variety of symptoms, including burning and itching of the vagina, unusual vaginal discharge, irregular menstrual periods, and pain in the abdomen or lower back during sex or when urinating. There may also be a fever of 38.3°C (100.9°F) or higher.

Diagnosis

PID can be difficult to diagnose because the bacteria that cause the disease are located high inside the body. A pelvic exam and touching (palpating) the patient's abdomen



can help the doctor find areas that may be sore or tender because of PID.

The doctor may place a cotton swab inside the vagina and rub it over the cervix (the neck of the uterus that leads into the vagina) to collect a sample of loose cells and fluid. The sample is then tested for bacteria in the lab.

A blood sample that shows a white blood cell (WBC) count above 10,000 suggests the patient has a serious bacterial infection. However, HIV-positive women often have a lower WBC than HIV-negative women.

An ultrasound test may be done to find out if there is an abscess on the ovaries or Fallopian tubes.

Sometimes, a laparoscopy may be done to confirm PID. The laparoscope is a thin, flexible tube with a magnifying device that allows the doctor to visually examine the internal organs. The patient is given an anesthetic and a small incision is made in the abdomen. The laparoscope is inserted into the incision so the doctor can look for abscesses or other signs of PID.

When a laparoscopy is performed, a biopsy (the removal of a tiny piece of tissue from the uterus) may be done at the same time. The biopsy sample allows lab technicians to study the entire tissue and make a more accurate diagnosis.

Treatment

PID can be treated with antibiotics that are given either intravenously (injected into a vein) or orally (taken by mouth). Because PID can be life-threatening, doctors usually admit their patients into hospital. While in hospital, the woman will receive several days of intravenous (IV) antibiotics. After the IV treatment, patients are allowed to go home with oral antibiotics to be taken for 14 days.

Sometimes, abscesses do not clear up with drug treatment. In that case, surgery may be necessary to drain the abscess and repair the damage.

After treatment

It is important to follow up treatment for PID with an examination about 7 to 10 days after the antibiotics have been finished. A second follow up exam, four to six weeks later, is often recommended.

To prevent a woman from being re-infected by the bacteria that cause PID, sexual partners should be treated for gonorrhea or chlamydia, even if they don't have symptoms.

The bottom line

PID is a serious condition that can be life-threatening.

The risk of developing PID may be reduced by:

- practising safer sex to reduce the risk of infection with STDs;
- getting regular pelvic examinations with Pap smears and tests for STDs; and
- treating STDs effectively as soon as possible.

Credits

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