

Dr Richelle Douglas (SHQ), Dr Carmel Reynolds (GP SA)

### Definition

A spectrum of inflammatory disorders of female upper genital tract.

- ▶ Clinical presentation varies
- ▶ Frequently misdiagnosed
- ▶ Inadequately treated
- ▶ Potentially serious sequelae
- ▶ Affects 5% women in lifetime
- ▶ Can be Acute, Subclinical or Chronic

### Aetiology

- ▶ Variable according to region and people
- ▶ Polymicrobial, 70% cases unidentified cause
- ▶ Age less than 25, 60-80% NG or CT and other flora vaginal tract
- ▶ E.coli, K. Pneumoniae, MRSA, H. influenzae possible association
- ▶ Mycoplasma Genitalium: evidence is emerging, consider testing in symptomatic patients

### Risk factors

- ▶ Recent instrumentation/trauma of genital tract
- ▶ Pregnancy
- ▶ Cigarette smoking
- ▶ Sexual activity (multiple partners)
- ▶ Bacterial vaginosis

### Symptoms

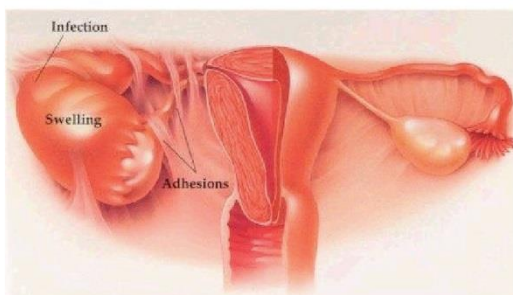
- ▶ Lower abdominal pain
- ▶ Vaginal discharge
- ▶ Dyspaerunia
- ▶ Dysuria
- ▶ IMB/ menorrhagia
- ▶ Systemic: fever/nausea/vomiting

### Signs

- ▶ Abdominal tenderness
- ▶ Adnexal tenderness
- ▶ Cervical excitation
- ▶ Temperature may be raised
- ▶ Peri-hepatitis and peritonitis possible

### Management principles

- ▶ Need to consider patient, compliance, environment
- ▶ Treat early and step down
- ▶ Treat partners
- ▶ Review within 72 hours
- ▶ When to admit? Diagnosis uncertain, surgical emergency cannot be excluded, suspicion or definitive diagnosis of a pelvic abscess, severe illness or no response to outpatient medicine, intolerance to oral therapy, pregnancy
- ▶ What happens when it doesn't work? Consider AB resistance, pelvic collection



Resourced from Royal Perth Hospital images archive

### Pathophysiology

- ▶ Disruption of the cervical epithelium facilitates change in cervicovaginal environment, allowing vaginal bacteria to ascend to the upper genital tract
- ▶ Ascending spread of normal commensals, which become pathogenic, may follow surgical or other trauma, pregnancy, or IUD insertion (although only a risk in first 3 weeks post-insertion)
- ▶ PID may result in tubo-ovarian abscess formation

### Further Information

Please visit

<http://www.sti.guidelines.org.au/syndromes/pid-pelvic-inflammatory-disease>

Please contact Dr Richelle Douglas on [Richelle.Douglas@shq.org.au](mailto:Richelle.Douglas@shq.org.au)