

PELVIC INFLAMMATORY DISEASE

(PID; Salpingitis)

BASIC INFORMATION

DESCRIPTION

Infection of the female internal reproductive organs. This is contagious if it is caused by a sexually transmitted organism. It can involve the fallopian tubes, cervix, uterus, ovaries, and urinary bladder. It affects sexually active females after puberty. The peak incidence occurs in late teens and early 20's.

FREQUENT SIGNS AND SYMPTOMS

Early stages (up to 1 week):

- ~ Pain in the lower pelvis on one or both sides, especially during menstrual periods. Menstrual flow may be heavy.
- ~ Pain with intercourse.
- ~ Bad-smelling vaginal discharge.
- ~ General ill feeling.
- ~ Low fever.
- ~ Frequent, painful urination.

Later symptoms (1 to 3 weeks later):

- ~ Severe pain and tenderness in the lower abdomen.
- ~ High fever.
- ~ Increased bad-smelling vaginal discharge.

CAUSES

- ~ Bacterial infection (chlamydial, gonorrheal or mycoplasma) or a viral infection. This may be transmitted by an infected sexual partner.
- ~ Childbirth.
- ~ Abortion.
- ~ Pelvic surgery.

RISK INCREASES WITH

- ~ Multiple sexual partners.
- ~ Use of an intrauterine contraceptive device (IUD).
- ~ Previous history of PID or cervicitis.

PREVENTIVE MEASURES

- ~ Use rubber condoms, spermicidal creams or sponges to help prevent sexually transmitted infections.
- ~ Oral contraceptives appear to decrease the risk.
- ~ Seek routine medical check-ups for sexually transmitted diseases if you have multiple sexual partners.
- ~ Have your sexual partner evaluated and treated if necessary. Don't resume sexual activity with your partner until his/her tests show no infection, or they have been treated.

EXPECTED OUTCOMES

Usually curable with early treatment and avoidance of further infection. The illness lasts from 1 to 6 weeks, depending on its severity. Poorer prognosis if treated late and unsafe lifestyle continues.

POSSIBLE COMPLICATIONS

- ~ Pelvic abscess and rupture. This can be life-threatening.
- ~ Adhesions (bands of scar tissue) inside the pelvis.
- ~ Infertility.
- ~ Ectopic pregnancy.
- ~ Recurrence.

TREATMENT

GENERAL MEASURES

- ~ Diagnostic tests include laboratory blood studies and culture of the vaginal discharge; pelvic ultrasound; and surgical diagnostic procedures, such as laparoscopy (a telescopic instrument with fiber optic light is used to examine the abdominal cavity) or culdocentesis (passage of a needle through the cervix into the peritoneal cavity to obtain a fluid sample).
- ~ You may receive treatment as an outpatient if infection is mild. You must adhere to treatment and medication schedule. Close medical follow-up care is necessary.
- ~ Use heat to relieve pain, such as warm baths. This may reduce the bad odor of the vaginal discharge, as well as relax muscles and relieve discomfort. Sit in a tub of warm water for 10 to 15 minutes as often as needed.
- ~ Use sanitary pads to absorb discharge or menstrual flow.
- ~ Don't douche during treatment.
- ~ Hospitalization may be required for severe illness, further diagnostic studies, suspected abscess or appendicitis, failure to comply or respond to outpatient therapy, or pregnancy.
- ~ Surgery to drain a pelvic abscess (sometimes).
- ~ Hysterectomy may be recommended for older patients who desire no more children.
- ~ Psychotherapy or counseling, if infertility occurs.

MEDICATIONS

- ~ Intravenous or intramuscular antibiotics to fight infection.
- ~ Early or mild PID may be treated with oral antibiotics.
- ~ Pain relievers.

ACTIVITY

Avoid sexual intercourse until you are well. Rest in bed until any fever subsides. Sit and lie in different positions until you find one that is comfortable for you. Allow several weeks for recovery.

DIET

No special diet.

NOTIFY OUR OFFICE IF

- ~ You or a family member has symptoms of pelvic inflammatory disease.
- ~ Symptoms recur after treatment.
- ~ New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

Important Phone Numbers:

USI Student Health Center	465-1250
Monday - Friday 8a.m. - 4:30p.m.	
USI Wellness Center	464-1807
Deaconess Hospital	Emergency Dept. 426-3405