Pelvic Inflammatory Disease

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Block 11

Introduction

- High incidence in SA women
- Can have devastating results to a woman's reproductive health

Definition

- Clinical syndrome attributed to the ascending spread of organisms, unrelated to surgery and pregnancy, from the vagina and cervix to the endometrium and fallopian tubes and contiguous structures
- Inflammation and infection, endometritis, salpingitis, peritonitis and tubo-ovarian abscesses

Aetiology and Pathophysiology

- Pathogens (Chlamydia and Neisseria) in the vagina → ascending spread → secondary invasion by organisms normally present in the genital tract
- Polymicrobal disease
- Secondary invaders gram negative and anaerobes

Aetiology and Pathophysiology

- Fallopian tubes initially swollen and red but still motile and open $\rightarrow$ in severe disease abscess and spread to adjacent pelvic peritoneum
- Results in severe scarring of pelvic organs
- Tubo-ovarian complexes or hydrosalpinx can form and become chronic salpingitis

Risk Factors

- Young sexually active women
- Multiple sex partners
- Other STI’s
- HIV

Symptoms

- Lower abdominal pain
- Vaginal discharge
- Fever
- Flu-like symptoms are common
- Dysuria and frequency

Clinical Findings

- Fever and tachycardia
- Lower abdominal tenderness
- Rebound tenderness lower abdomen only or whole abdomen
- Purulent discharge from the cervical os
- Cervical excitation tenderness
- Adnexal tenderness

PID = pretty inadequate diagnosis

- Clinical diagnosis correct in 60%
- This leads to over treatment in some low risk patients
- Can cause that some are not diagnosed with pretty bad consequences

Stages

- I
  - Early salpingitis with local tenderness
  - No rebound and guarding
- II
  - Salpingitis with pelvic guarding and rebound
- III
  - Same as II but with adnexal masses
- IV
  - Abscesses have ruptured with free pus in abdomen and generalised peritonitis. Very ill patient. Life threatening

Differential Diagnosis

- Pregnancy complications
- UTI
- Appendix abscess
- Bowel peforation

Management

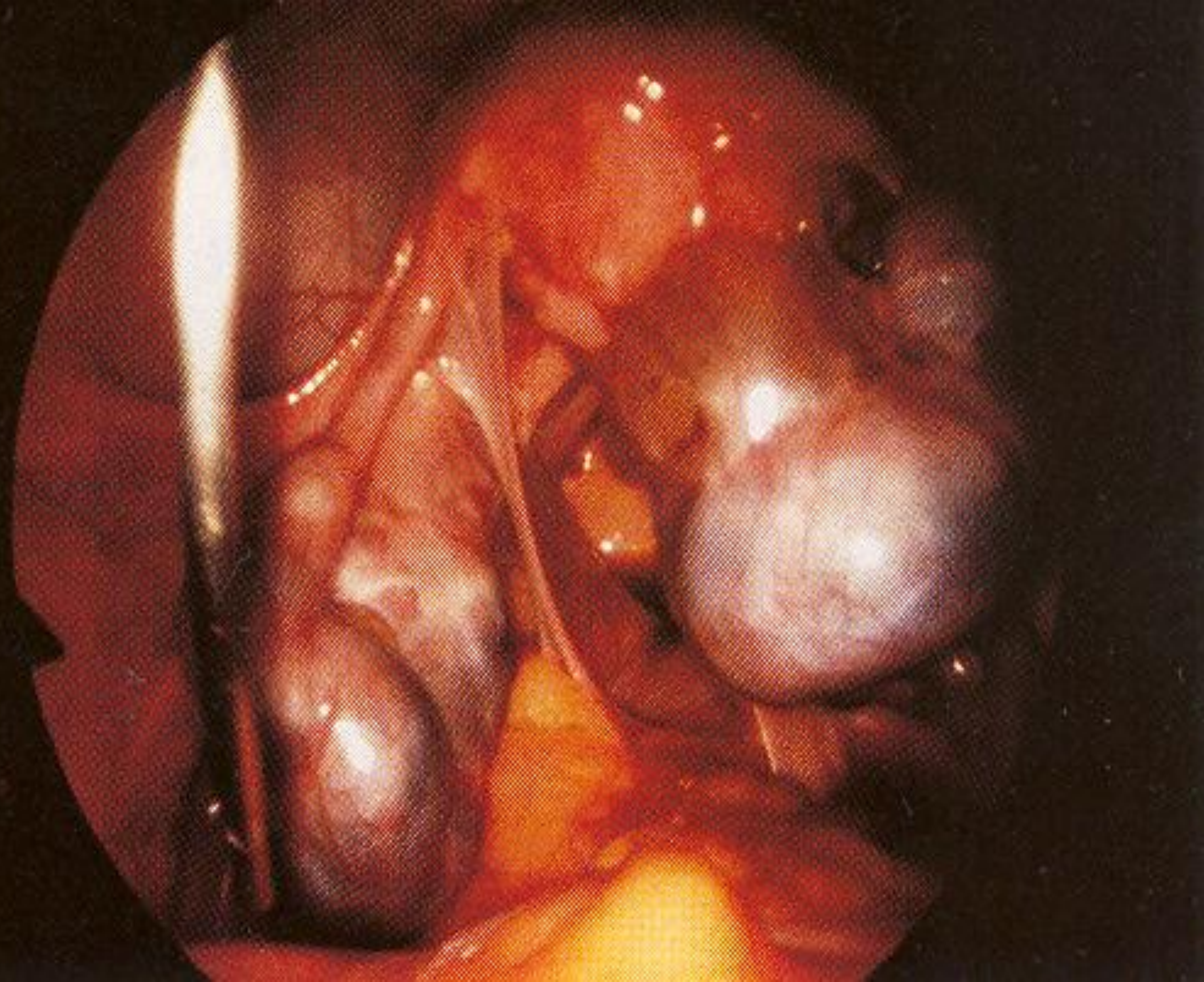
- I
  - Doxycycline
  - Ciprofloxacine or Ceftriaxone stat dose
  - Metronidazole
  - Treat as outpatients
  - Counsel and follow-up

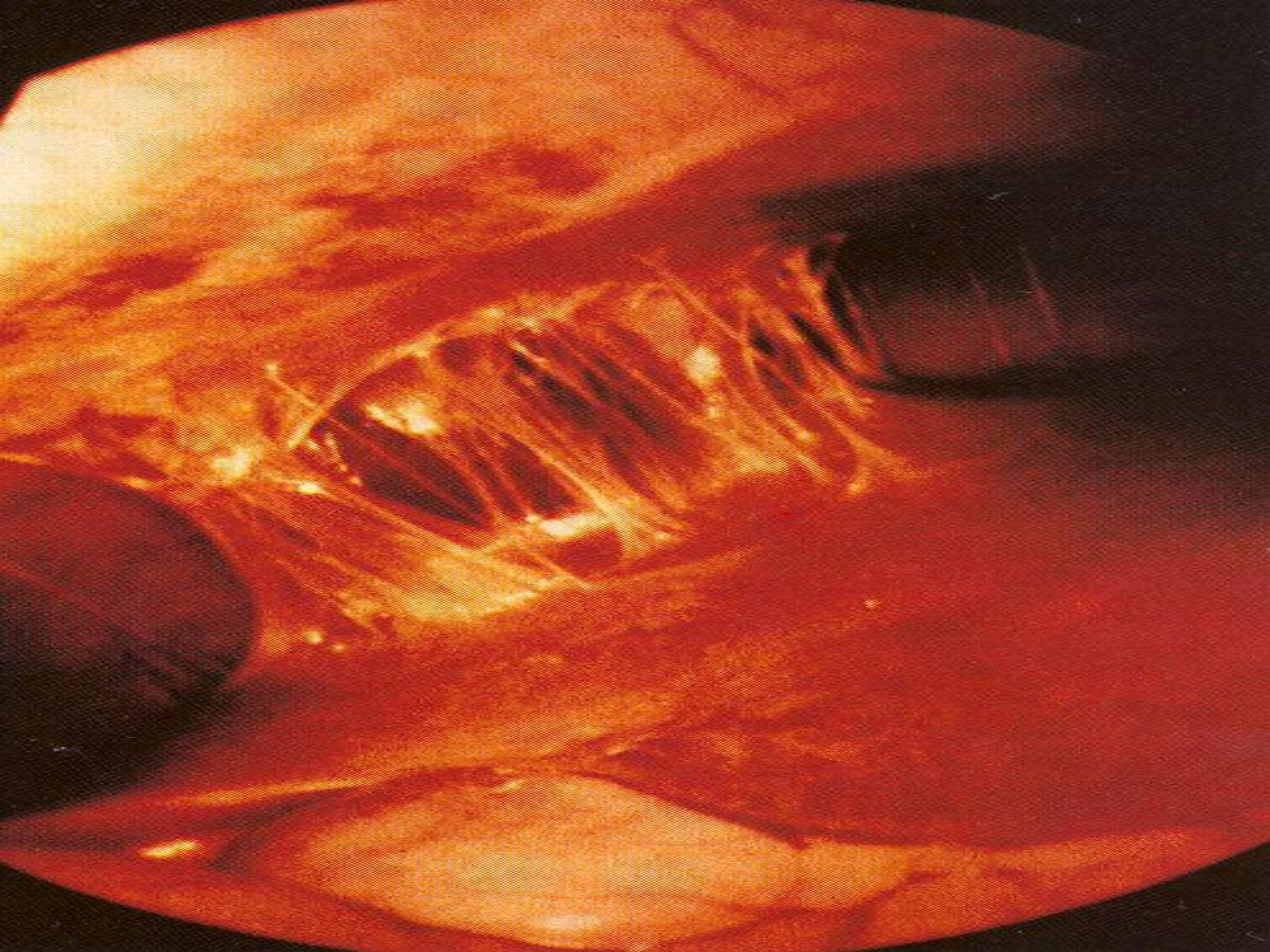
Management

- II and III
  - Admit
  - Analgesia
  - IVI antibiotics
    - Cephalosporin + Metronidazole + Doxycycline
    - Add Gentamycin if no response
  - Discharge on oral antibiotics
- If no response on antibiotics → surgery

Management

- IV
  - Laparotomy
  - Adnexectomy and drainage of abscesses in pelvis
  - Antibiotics as for III





Reproductive Health Consequences

- Tubal factor infertility
  - 15% risk after one episode
  - 90% after 4 episodes
- Ectopic pregnancy
- Loss of reproductive organs including ovaries
- Chronic PID

Thank you