



Pelvic inflammatory disease

Pelvic inflammatory disease (PID) is the infection of the female reproductive organs (uterus, fallopian tubes, and ovaries). It is most commonly acquired because of unprotected sex (no condom use) and is one of the most serious consequences of sexually transmitted diseases (STDs). PID can cause permanent damage to the female reproductive system, and is one of the leading causes of infertility.

Causes and risks

PID can occur when your cervix is exposed to an STD such as chlamydia or gonorrhoea. The cervix loses its ability to protect the internal organs from bacteria and the infection eventually spreads to your uterus, ovaries, and fallopian tubes. Ninety percent of PID occurs as a result of untreated chlamydia and gonorrhoea. Having multiple sexual partners and unprotected sex increase your chances of acquiring STDs, which in turn increases the likelihood of PID. Some other causes include:

- Intrauterine device (IUD) use
- Birthing
- Miscarriage
- Abortion
- Endometrial biopsy (procedure to remove a piece of tissue from your uterine lining for examination)
- Regular douching
- Previous history of PID or STD

Symptoms

PID often presents symptomatically, but in some cases no symptoms occur (most commonly when the preceding STD is chlamydia). Symptoms vary widely but may include:

- Dull pain in your stomach, lower abdomen and pelvis
- Green or yellow vaginal discharge, having a distinct and often unpleasant odour
- Pain during urination
- Irregular menstrual cycles
- Fever or chills
- Nausea, vomiting or diarrhoea
- Pain in the lower back
- Painful intercourse

If you notice these symptoms, it is important to stop having intercourse and visit your doctor immediately, as prompt treatment is vital for PID.

Complications

Left untreated, PID can cause scarring and collection of abscesses (infected fluid) in the fallopian tubes. PID can also lead to infertility or ectopic pregnancy (implantation of an embryo outside of the uterus, often in the fallopian tubes). Scarring or damage can occur to other reproductive organs, which can cause chronic pelvic pain.

Diagnosis

Based on your signs and symptoms, your doctor may perform a pelvic examination, obtain a sample your vaginal discharge, and perform cervical cultures and urine tests. Samples may be obtained from your cervix and vagina using a cotton swab, and sent to the laboratory to identify the bacteria causing the infection.

Your doctor may also recommend the following tests to confirm and determine the extent of your infection.



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- Blood test
- Pelvic ultrasound
- Endometrial biopsy
- Laparoscopy
- Treatment

Confirmation of PID will be immediately followed by treatment. You will be started on oral antibiotic medications for mild cases of PID. For more severe cases, you may be treated with a combination of oral and intravenous medications, or hospitalised for more aggressive management. It is important that your partner also be screened, even if he or she does not have any symptoms.

If antibiotics fail to clear the infection, and if the infection forms abscesses in your uterus or ovaries, further surgical intervention may be recommended.

Once the infection, abscess, or inflammation has cleared, if you still experience chronic pelvic pain, nerve ablation surgery may be recommended to cut off pain sensation from the affected pelvic organs.

Prevention

Prevention is the best option to avoid the effects of PID.

Always use barrier protection with sexual partners unless you are certain that neither of you has an STD infection. Regardless of whether you are in a monogamous relationship, have multiple partners, or rarely have sex, have regular STD screening. Be on the lookout for symptoms of STDs and PID, and avoid douching.