

## UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

**PELVIC INFLAMMATORY DISEASE (PID)****WHAT IS IT?**

Pelvic inflammatory disease (PID) is an infection of the upper female reproductive system usually initiated by a sexually transmitted organism. Bacteria can enter the body through the cervix (the opening of the uterus) and travel up into the uterus, fallopian tubes, and/or ovaries. The resulting infection can lead to permanent damage of a woman's reproductive organs, resulting in complications such as infertility and chronic pelvic pain.

**WHAT CAUSES IT?**

Many types of bacteria can cause PID. Sexually transmitted infections (STIs) are the most common cause, though the specific bacterial cause is often never found.

- Chlamydia and gonorrhea are the most commonly identified pathogens of PID.
- STIs can disrupt the normal barrier function of the cervical opening, allowing bacteria normally found inside the vagina access to the upper reproductive organs. The reasons why normal vaginal flora cause PID in some women and not others are not yet fully understood.
- Regardless of the initiating pathogen, PID is considered and treated as a mixed polymicrobial infection.

The greatest risk factor for PID is having vaginal intercourse with multiple partners. Additional risk factors include age < 25, previous STIs or PID, and recent history of surgical abortion or other procedures involving the cervix.

**WHAT ARE THE SYMPTOMS?**

It can take anywhere from days to months for PID symptoms to develop. The severity of symptoms can also vary.

- ❖ In less common cases, women do not have any symptoms. Asymptomatic cases are usually caused by chlamydia.
- ❖ Severe symptoms of PID can include:
  - Significant lower abdominal pain
  - High fevers, shaking chills
  - Nausea, vomiting
  - Increased vaginal discharge
  - Abnormal vaginal bleeding
  - Painful urination, difficulty urinating
- ❖ Most cases of PID diagnosed at Student Health are characterized by less dramatic symptoms, such as:
  - Mild lower abdominal pain or cramping
  - Mild fever
  - Backache
  - Pain with intercourse
  - Spotting (light bleeding) between periods or after intercourse

**WHAT ARE POTENTIAL COMPLICATIONS?**

The risk of complications increases with the number of episodes and severity of PID; however, asymptomatic PID can also result in complications. Examples include:

- Ectopic pregnancy: Damage to the fallopian tubes can increase the risk of having an ectopic pregnancy (a pregnancy that takes place in the fallopian tube instead of the uterus). An ectopic pregnancy is a medical emergency.
- Infertility: About 1 in 8 women with PID will experience problems getting pregnant. Scar tissue both inside and outside of the fallopian tube can lead to tubal blockage. Risk factors for infertility include the number of PID episodes, severity of symptoms, presence of chlamydia, and delay in treatment.
- Spread of infection: PID can lead to abscess formation, peritonitis (inflammation of the lining of the abdominal cavity), and/or sepsis (a life-threatening infection of the bloodstream).
- Chronic pelvic pain: As many as one-third of women with PID suffer from this complication.

## **HOW IS IT DIAGNOSED?**

- Your medical provider will perform a pelvic exam, looking for signs of infection. Tenderness with palpation of the cervix, uterus, and/or ovaries is characteristic of acute PID.
- Samples of vaginal discharge will be examined under the microscope and sent to the lab for gonorrhea/chlamydia testing. HIV and syphilis testing should also be completed.
- It is important to rule out pregnancy due to potential complications.
- Other blood and urine tests or imaging studies may be ordered based on your symptoms.

## **HOW IS IT TREATED?**

### ❖ **Antibiotics**

Antibiotics can cure PID but do not reverse any scarring caused by the infection. Therefore, **if you are sexually active and have symptoms of PID, do not wait and see if they will go away on their own. Seek medical attention early to prevent permanent damage to the reproductive organs.**

- Severe cases of PID are usually treated in the hospital with intravenous (IV) antibiotics.
- Milder cases are treated with a combination of antibiotics as an outpatient:
  - You will receive an intramuscular injection of an antibiotic in clinic.
  - Oral antibiotics will also be prescribed for 14 days. It is important to complete the full course of treatment, even if you are feeling better. Call your healthcare provider if you are having problems taking the antibiotics.
  - Follow-up is essential! You should return to clinic 48-72 hours after starting treatment and again in 7-10 days, sooner if symptoms are not improving.
- All sexual partners within the last 2 months should be evaluated and treated, even if they are not experiencing any symptoms. Abstain from sex for at least 7 days after you and your partner(s) have completed treatment.

### ❖ **Self Care**

- Rest, and drink plenty of non-caffeinated fluids.
- For relief of abdominal pain, try sitting in a warm tub of water or placing a hot water bottle or heating pad on your lower abdomen.
- Take acetaminophen (Tylenol) or ibuprofen (Motrin or Advil) for fever or pain. Ibuprofen should be taken with food to avoid an upset stomach.

### ❖ **CALL YOUR HEALTHCARE PROVIDER IMMEDIATELY if you have any worsening symptoms, such as increasing abdominal pain, fever, and/or vaginal bleeding.**

## **HOW CAN PID BE PREVENTED?**

Since PID is usually caused by an STI, practicing safe sex is key!

- Know your partner. Avoid sex with casual partners or strangers. Ask your partner about his or her past sexual history before becoming intimate, and be prepared to share your history as well.
- Limit your number of partners. Your risk of getting an infection increases as your number of partners increases.
- Use latex barriers (ie. condoms, dental dams, finger cots) consistently. Using barriers from the beginning to the end of skin contact offers the best protection. Substitute a polyurethane condom if either you or your partner is sensitive to latex. Remember that the birth control pill and other forms of hormonal contraception do not protect against STIs.
- Get regular STI screens. Young sexually active individuals without symptoms should complete STI screening once a year. If you have symptoms concerning for an STI, seek treatment early to prevent PID and its complications.

**RECOMMENDED WEBSITES:** [www.cdc.gov](http://www.cdc.gov), [www.mayoclinic.org](http://www.mayoclinic.org)