

Pelvic Inflammatory Disease (PID)

What is PID?

Pelvic inflammatory disease (PID) is a serious infection in the upper genital tract/reproductive organs (uterus, fallopian tubes and ovaries) of a female. PID can be sexually transmitted or naturally occurring. It can lead to infertility in women (unable to have children) or life-threatening complications.

How common is PID?

Women between ages 15 and 25 have the highest incidence of PID. In the United States, PID is the leading cause of women who are unable to have children.

How can I get PID?

Two other sexually transmitted diseases (STDs), chlamydia and gonorrhea, are the most common causes of PID. Other bacteria or germs can also cause PID. If you have an infection in the genital tract and do not get treated right away, it can cause PID. The infection spreads from the cervix into the uterus, fallopian tubes and ovaries. It can take anywhere from several days to several months after being infected to develop PID.

What can cause an infection to spread into the upper genital tract?

- Using an IUD (intrauterine devices)
- Germs
- Douching. Women who douche once or twice a month are more likely to have PID than those who douche less than once a month. Douching may also ease symptoms of an infection, thus delaying effective treatment.

What are the symptoms of PID?

- Dull pain or tenderness in the lower abdomen
- Burning or pain when you urinate (pee)
- Nausea and vomiting
- Bleeding between menstrual periods
- Increased or changed vaginal discharge
- Pain during sex
- Fever and chills

It is possible for a woman to have PID and be asymptomatic (without symptoms), or have symptoms too mild to notice, for an unknown period of time.

PID can also be misdiagnosed as appendicitis, ectopic pregnancy, ruptured ovarian cysts or other problems.

How can I find out if I have PID?

The diagnosis of PID can be made when all three of the following symptoms are found during a pelvic exam:

- Lower abdominal tenderness
- Tenderness of fallopian tubes and ovaries
- Tenderness of the cervix

All other explanations for these findings must have been ruled out.

What is the treatment for PID?

Broad-spectrum antibiotics are the recommended treatment, as they can cover the likely pathogens. Treatment may include antimicrobial agents to treat gonorrhea, chlamydia, streptococci and other gram-negative bacteria. Ofloxacin (oh-flox-ah-sin) tablets (FLOXIN) can be used alone to treat PID. Aggressive treatment of PID is recommended for women with HIV who may be more likely to require surgical intervention. Sex partners of patients

who have PID should be examined and treated if they have had recent sexual contact to avoid re-infection.

Follow-up:

- Take all medications as directed.
- You may need a follow-up exam 48 to 72 hours after start of treatment to make sure the medicine is working.
- Return for another exam after completion of treatment to make sure the infection is completely gone.
- Tell your partner to get tested and treated.
- Do not have sex until you and your partner(s) have been treated and cured.

What can I do to reduce my risk of getting PID?

- Abstain (do not have sex).
- Use latex condoms for vaginal, oral and anal sex from the very beginning of sexual contact until there is no longer skin contact.
- Mutual monogamy (have sex with only one uninfected partner). Multiple sex partners can increase your risk for getting any STD and developing PID.
- Have regular check-ups if you are sexually active.
- If you have an STD, do not have sex (oral, vaginal or anal) until all partners have been treated and cured. Treatment and follow-up are important steps in breaking the disease cycle.
- Water-based spermicides (foams, jellies, creams, or suppositories) can be used along with latex condoms for additional protection during vaginal intercourse. Use of spermicide is not recommended nor found to be effective for oral or anal intercourse.
- Since PID can be transmitted even if the penis or tongue does not completely enter the vagina, mouth or rectum, using latex condoms from the beginning of sexual contact until there is no longer skin contact is the best form of prevention.

Why worry about PID?

- Untreated PID infections may lead to:
- Infertility. As many as 10 percent of women infected with PID will not be able to have children as a result of scarring or damage to cells lining the fallopian tubes.
- Cystitis (inflammation of the urinary bladder)
- Ectopic (tubal) pregnancy
- Recurrent episodes of PID
- Chronic pelvic pain

Do I need to talk to my partner about PID?

Yes. Telling a partner can be hard, but keep in mind that most people with an STD don't know they have it. It's important that you talk to your partner as soon as possible so she or he can get treatment. Men are more likely than women to have symptoms of chlamydia or gonorrhea (two STDs that cause PID). It is possible to pass PID back and forth, so if you get treated and your partner doesn't, you may get infected again.