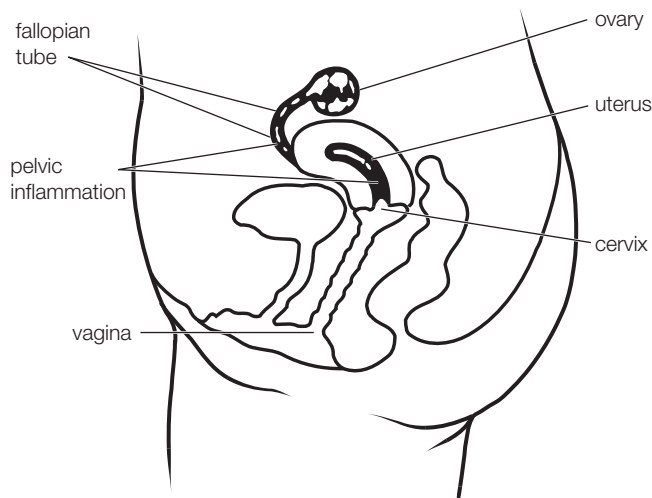


Pelvic inflammatory disease

What is pelvic inflammatory disease (PID)?

Pelvic inflammatory disease describes any infection of the reproductive organs of a woman. It occurs when microbes (germs) travel up through the cervix and uterus (womb) and then spread inwards to the Fallopian tubes, ovaries and surrounding tissues in the pelvis. The most common serious infection is that of the tubes—this is called *salpingitis*.

A pelvic infection can be either *acute*, which causes sudden severe symptoms, or *chronic*, which gradually produces milder symptoms.



What are the facts?

Here are some basic facts about the disease:

- Sexual intercourse causes up to 75% of cases.
- Minor operations (such as the insertion of an intra-uterine device [IUD]) or procedures of pregnancy (such as a miscarriage, an abortion or even a delivery) can cause PID.
- Up to 10% of young women normally have the microbes, which include chlamydia and gonorrhoea, on their cervix. These women are at special risk of getting PID. Chlamydia is the most common cause of PID.
- The most common cause of infertility in Australia is PID—it affects about 5000 Australian women each year.
- PID is a preventable disease and it is best diagnosed by *laparoscopy* (where a tube is passed through the abdomen).

Who are the women most at risk?

The women most at risk are those who:

- are between 20 and 29 years
- have abnormal Pap smears when aged between 15 and 35 years

- have multiple sexual partners
- have steady partners who have sex with others
- do not use barrier methods of contraception (e.g. condoms)
- have operations needing the opening of the cervix (e.g. dilation and curettage, and placement of an IUD).

What are the symptoms?

Many patients may feel no symptoms (PID is often called the ‘silent epidemic’), but others may have symptoms that vary from mild to very severe.

Acute PID

- Fever
- Severe abdominal pain

Chronic PID

- Ache in the lower back
- Mild lower abdominal pain

Both acute and chronic

- Painful intercourse
- Menstrual problems (e.g. painful, heavy or irregular periods)
- Unusual, perhaps smelly, vaginal discharge
- Painful or frequent urination

What are the risks?

The main serious risks are subsequent sterility, ectopic pregnancies and further episodes of PID. Occasionally an acute infection may cause a pelvic abscess or cause peritonitis or even blood poisoning by spreading.

How can it be prevented?

- Safe sex is most important. Insist that a partner with a possible sexually transmitted disease (STD) uses a condom.
 - Avoid IUDs if you have a history of PID or have a number of sexual partners.
 - It is advisable to have antibiotic treatment if a partner has or gets an STD even if you have no symptoms.
 - If you get PID, your partner or partners should be treated.
 - Those at risk for PID should have regular checkups.
- Note:* It is your responsibility to inform your partner or partners that you have PID.

What is the treatment?

A course of antibiotics is given, usually by mouth. Avoid sexual intercourse or manipulation of your vagina (e.g. with hands or tampons) until the infection is cleared. This may take 2 to 4 weeks.

If you have an IUD, it should be removed.