

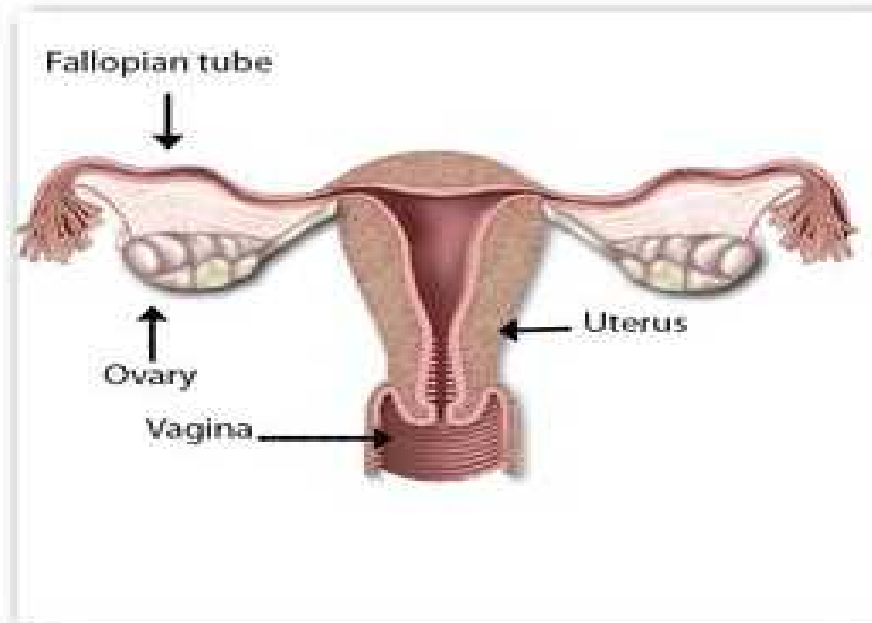
Pelvic inflammatory disease (PID)

Pelvic Inflammatory Disease

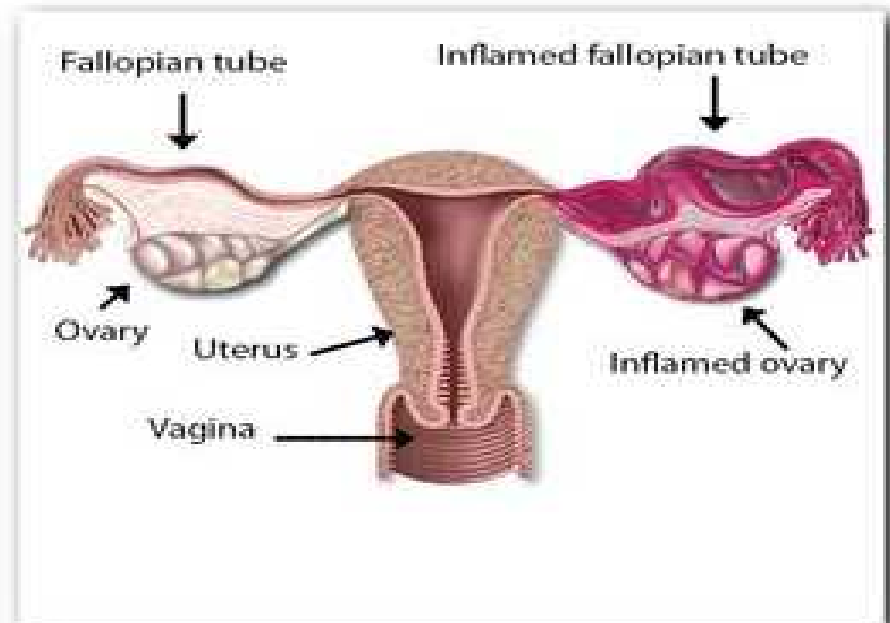
- **Pelvic inflammatory disease (PID) is an inflammatory condition of the pelvic cavity that may begin with cervicitis and may involve the:**
 - Uterus (endometritis),
 - Fallopian tubes (salpingitis),
 - Ovaries (oophoritis),
 - Pelvic peritoneum, (Peritonitis)

Pelvic inflammatory disease

Normal



Abnormal

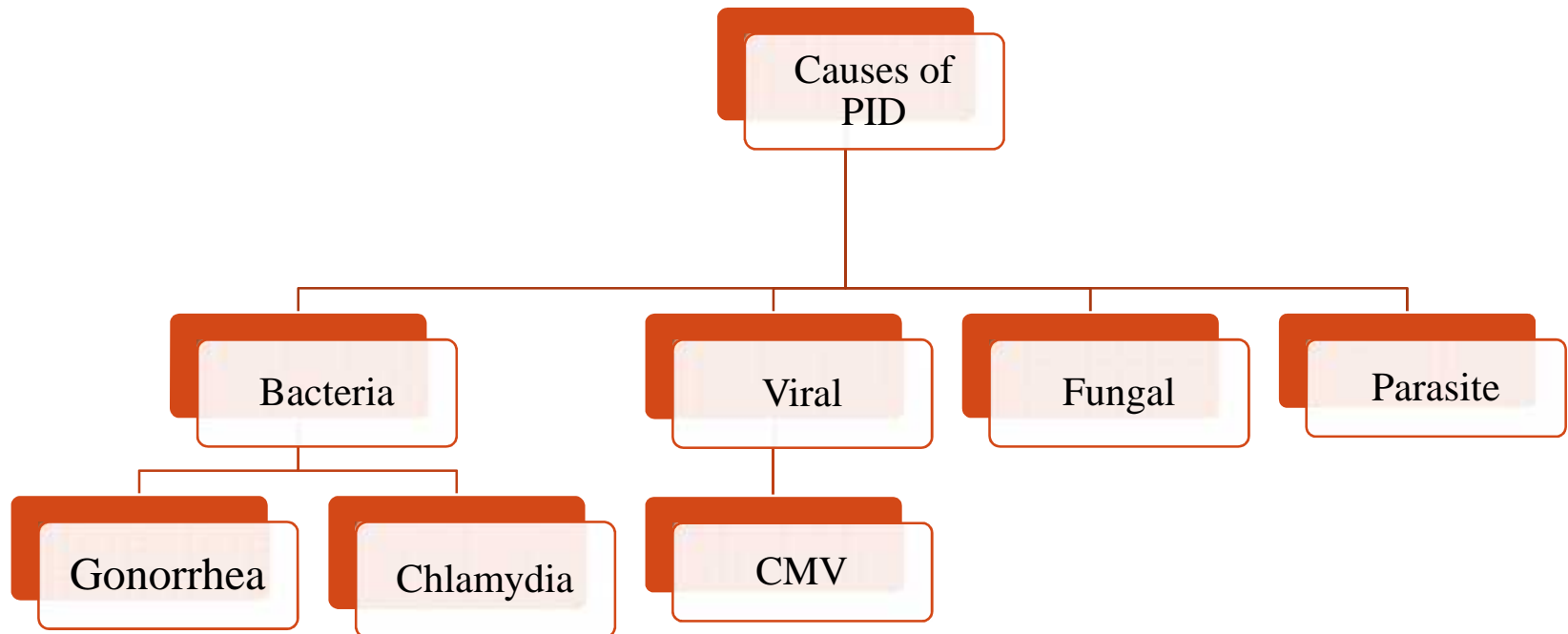


HELP

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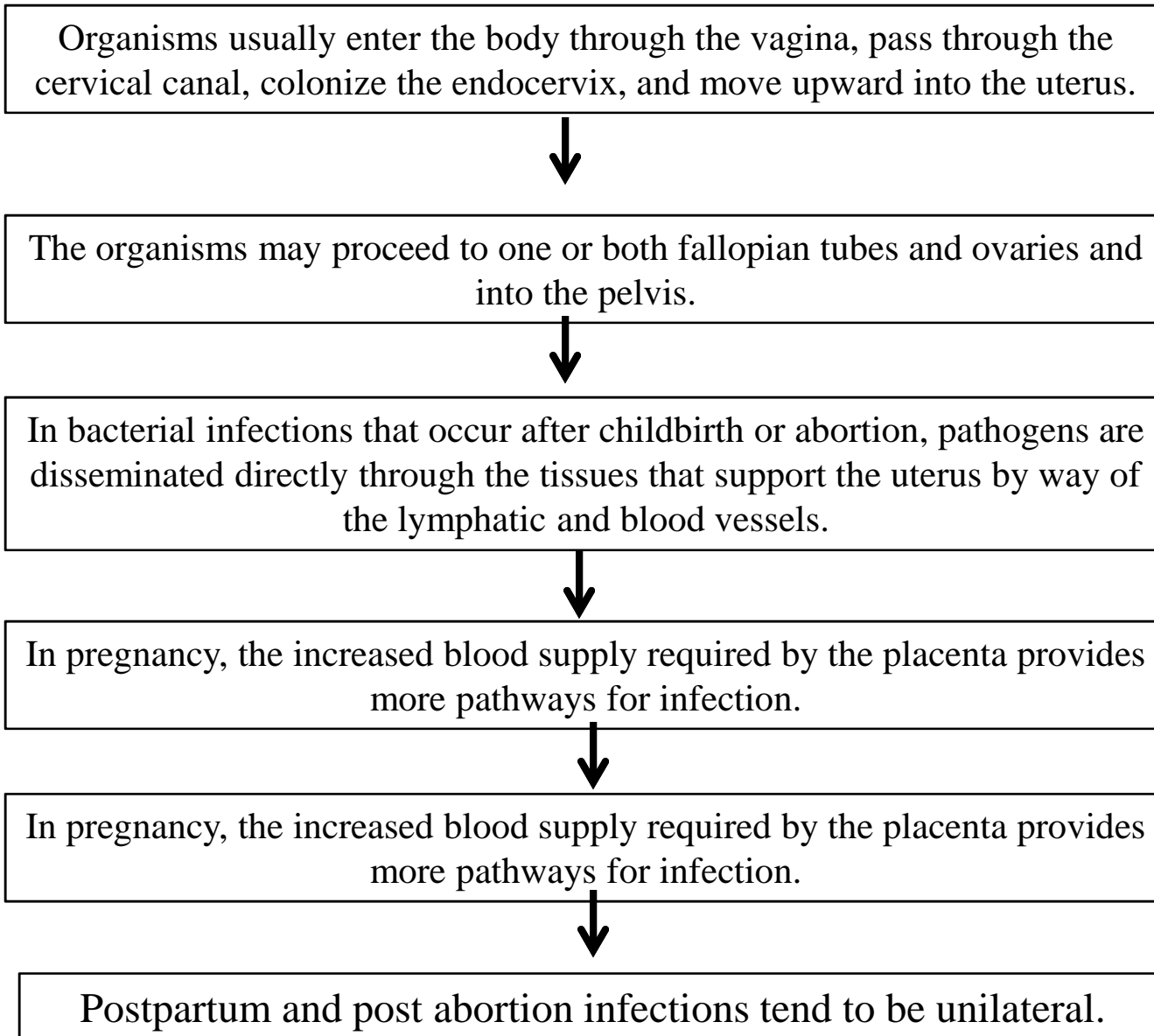
Causes



Risk Factors

- Most common cause STDs
- Also occur with invasive procedures such as endometrial biopsy, surgical abortion, hysteroscopy, or insertion of an intrauterine device.
- Early age at first intercourse, multiple sexual partners, frequent intercourse, intercourse without condoms, sex with a partner with an STD, and a history of STDs or previous pelvic infection.

Pathophysiology



Conti...

In gonorrheal infections, the gonococci pass through the cervical canal and into the uterus, where the environment, especially during menstruation, allows them to multiply rapidly and spread to the fallopian tubes and into the pelvis



The infection is usually bilateral.

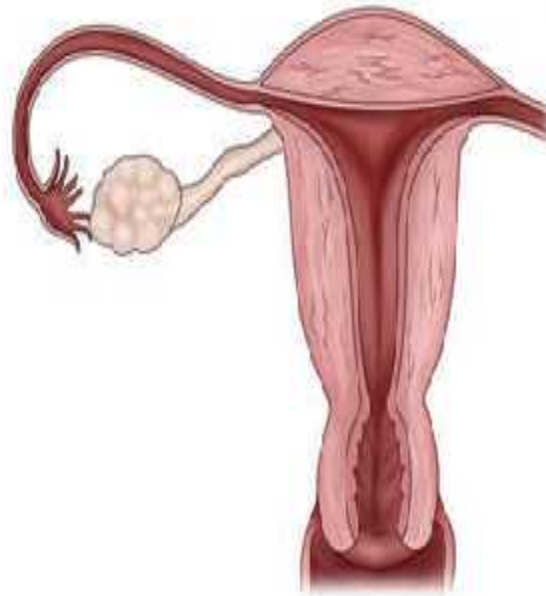


The infection is usually bilateral.

Pathway by which micro-organisms spread in pelvic infections



Spread of bacterial infection



Spread of gonorrhea



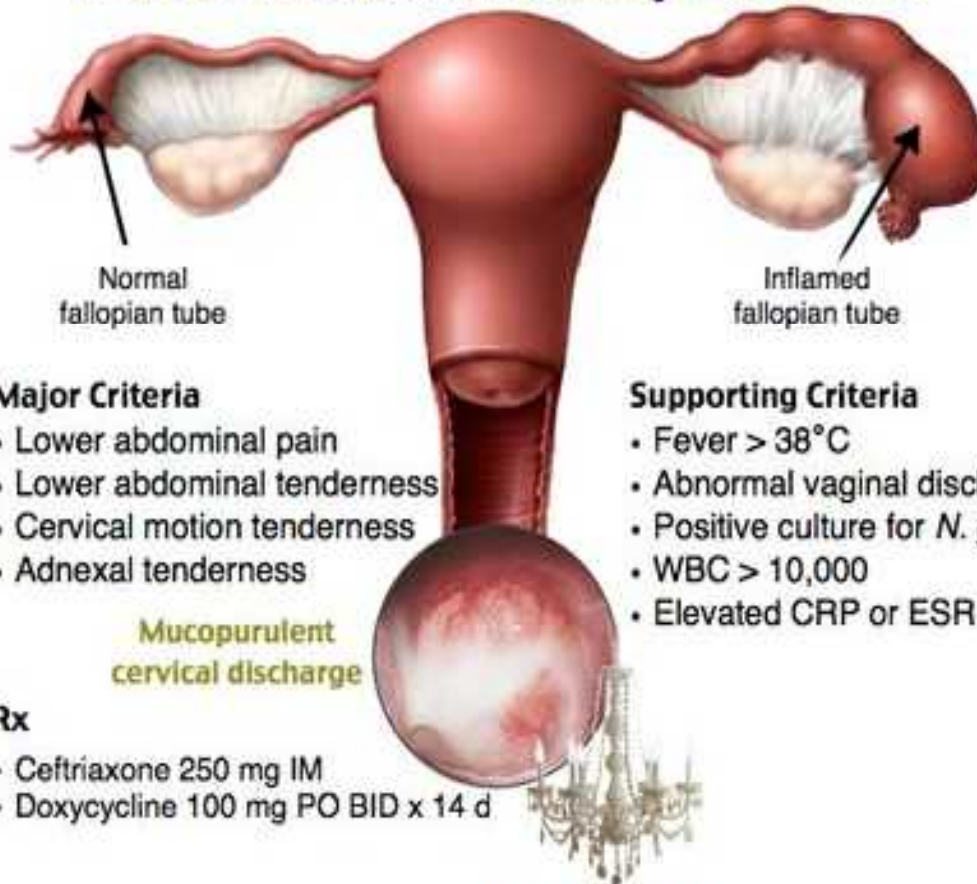
**Spread through
blood
via circulatory
system**

Clinical Manifestations

- Vaginal discharge
- Dyspareunia
- Lower abdominal pelvic pain
- Tenderness that occurs after menses
- Other symptoms:
 - fever,
 - general malaise, anorexia, nausea, headache, and possibly
 - vomiting.

Criteria for PID

Pelvic Inflammatory Disease



Major Criteria

- Lower abdominal pain
- Lower abdominal tenderness
- Cervical motion tenderness
- Adnexal tenderness

Mucopurulent
cervical discharge

Rx

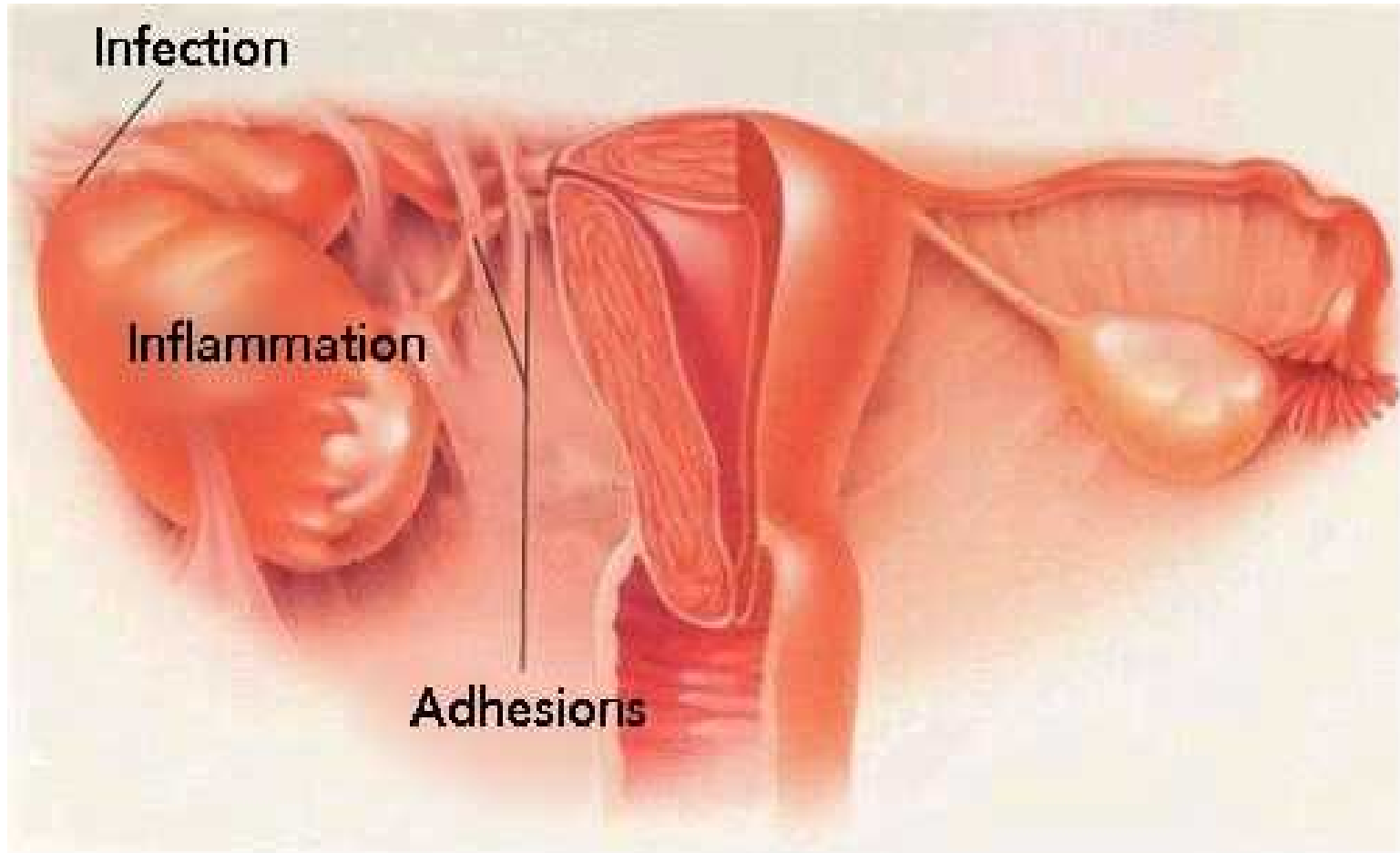
- Ceftriaxone 250 mg IM
- Doxycycline 100 mg PO BID x 14 d

Supporting Criteria

- Fever $> 38^{\circ}\text{C}$
- Abnormal vaginal discharge
- Positive culture for *N. gonorrhoeae* or *C. trachomatis*
- WBC $> 10,000$
- Elevated CRP or ESR

Chandelier sign

Severe cervical motion tenderness seen in PID



Complications

- Pelvic or generalized peritonitis, abscesses, strictures, and fallopian tube obstruction may develop.
- Ectopic pregnancy in the future if a fertilized egg cannot pass a tubal stricture, or scar tissue may occlude the tubes, resulting in sterility.
- Adhesions
- Bacteremia with septic shock
- Thrombophlebitis with possible embolization.

Medical Management

- Broad-spectrum antibiotic therapy
- Intensive therapy includes bed rest, intravenous (IV) fluids, and IV antibiotic therapy. If the patient has abdominal distention or ileus, nasogastric intubation and suction are initiated.

References

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- Bruner, L.S., & Suddarth, D.S. (2001). *Text book of Medical-Surgical Nursing (9th Ed.)*. Philadelphia: Lippincott.