

PELVIC INFLAMMATORY DISEASE (PID)

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Causative organisms	<p><i>Chlamydia trachomatis</i>, <i>Neisseria gonorrhoeae</i>, <i>Mycoplasma genitalium</i>. Polymicrobial vaginal bacteria are also implicated</p> <p>Presence of an STI supports the diagnosis but up to two-thirds of cases do not have a causative organism identified.</p> <p>Note: PID occurs almost exclusively in people who are sexually active whether or not a pathogen is identified.</p> <p>Rarely PID can be associated with a gynecological procedure such as an intra-uterine device (IUD) insertion, although in most cases post-procedural PID is also related to the presence of an STI.</p>
Incubation period	Poorly defined; depends on pathogen
How far to trace back	See relevant sections if chlamydia , gonorrhoea or Mycoplasma genitalium are isolated
Usual testing method and treatment	<p>PID is a clinical diagnosis. Acute PID is difficult to diagnose because of its non-specific symptoms and its diagnosis can be missed. A PID diagnosis should be considered in all sexually active people assigned female at birth presenting with recent onset pelvic pain.</p> <p>Investigations include</p> <ul style="list-style-type: none"> Pregnancy test to exclude ectopic pregnancy Chlamydia, gonorrhoea, <i>M. genitalium</i> swabs (clinician or self-collected if examination declined) Speculum and /or bimanual examination to visualise the cervix and assess for cervical motion, uterine or adnexal tenderness. <p>PID treatment should be initiated promptly without waiting for STI test results if any of cervical motion, uterine or adnexal tenderness are present on bimanual examination and following exclusion of important differential diagnoses (e.g. ectopic pregnancy). Recommended treatment covers potential infection with chlamydia, gonorrhoea and polymicrobial vaginal flora.</p>
Common signs and symptoms	<p>The symptoms and signs of PID vary widely in their presentation and severity. Mild or moderately severe PID can be managed in primary care while severe PID may require inpatient management.</p> <p>The key symptom is recent onset pelvic pain in sexually active people assigned female at birth, particularly those aged 15-30 years</p> <p>Pelvic pain may be similar to period pain, initially bilateral then localizing to the right or left iliac fossa</p> <p>Other symptoms can include intermenstrual or post-coital bleeding and/or vaginal discharge, deep dyspareunia</p> <p>Fever, nausea, vomiting or may indicate severe infection</p>
Likelihood of transmission per act of condomless intercourse	Depends on specific pathogen
Likelihood of long-term sexual partner being infected	Depends on specific pathogen
Protective effect of condoms	High for sexually transmitted pathogens
Transmission by oral sex	Low
Duration of potential infectivity	Depends on specific pathogen
Important sequelae	<p>Infertility due to scarring /blockage of fallopian tubes</p> <p>Chronic pelvic pain</p> <p>Ectopic pregnancy</p> <p>Fitz-Hugh Curtis Syndrome</p>
Direct benefit of detection and treatment of contacts	<p>Cure where a pathogen is isolated</p> <p>Stopping ongoing STI transmission where a pathogen is isolated.</p> <p>Reducing the risk of reinfection with an STI in the index case where a pathogen is isolated.</p>
Usual management of contacts	<p>Current sexual partners should be treated to cover chlamydia, (and gonorrhoea if likely) immediately irrespective of test results.</p> <p>Contact trace past sexual partners if chlamydia, gonorrhoea or <i>M. genitalium</i> is diagnosed.</p>
Contact tracing priority	<p>High – Where <i>C. trachomatis</i>, <i>N. gonorrhoeae</i> or <i>M. genitalium</i> are isolated</p> <p>Contact your local specialist service if no pathogen is identified</p>
Notification	Not notifiable

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Notification	Not notifiable

References

Australasian Sexual Health Alliance. Australasian STI Management Guidelines for Use in Primary Care: ASHA; 2018 [Available at: <http://www.sti.guidelines.org.au/>]

Bateson D, Edmiston N. Pelvic inflammatory disease: Management of new onset low abdominal pain in young women. *MedicineToday*. 2016;17 (7):14-22.

NSW STI Programs Unit. Acute abdominal pain in women. NSW Health; 2017. Available online at: <https://stipu.nsw.gov.au/gp/hiv-and-sti-clinical-management/acute-abdominal-pain-in-women/>