

## **PELVIC INFLAMMATORY DISEASE (PID): Notes About the Disease**

Pelvic Inflammatory Disease (PID) in females is a clinical diagnosis of exclusion with multiple possible causes including *Chlamydia trachomatis* and *Neisseria gonorrhoeae*. Pelvic inflammatory disease (PID) occurs when infection ascends to the endometrium or fallopian tubes or both. PID symptoms may include lower abdominal pain, discharge, dyspareunia, intermenstrual bleeding, and fever, however PID may also be asymptomatic. Because of the potential for damage with mild or subclinical PID, providers should maintain a low threshold for diagnosis. The long-term sequelae of untreated PID can include chronic pelvic pain, tubal infertility, and ectopic pregnancy.

Diagnosis, though imprecise, is made based on presence of the following clinical criteria during pelvic exam: lower abdominal tenderness, cervical motion tenderness, or adnexal tenderness. Additional clinical criteria may include fever, cervicitis, and abundant WBCs on saline wet mount of vaginal discharge.

Measures to control transmission include referral of all sex partners within sixty days of diagnosis or onset of symptoms or most recent sex partner if exposure is greater than sixty days. Sex partners must be examined, tested and empirically treated at time of service. Use of latex condoms with sexual encounters is also effective in controlling transmission of this infection.