

## **PELVIC INFLAMMATORY DISEASE (PID), PROTECT YOURSELF RAKSHA JOSHI MD**

Pelvic Inflammatory Disease (PID), is a condition where there is inflammation and or infection of the upper part of the female genital tract i.e. the uterus (its lining, called endometritis, its muscle called myometritis), the fallopian tubes and or the ovaries. Rarely in a severe infection, the pelvic peritoneum can also become inflamed. PID is dangerous for the women who get it, but if diagnosed early it is curable.

If left undiagnosed and therefore untreated, then the long term effects of persistent PID can be distressing and devastating for the woman. PID can result in scarring of the internal organs such as the fallopian tubes (which carry the egg from the ovary to the uterus) causing closure and thus inability to become pregnant because the egg cannot meet the sperm. One in five women who get PID become infertile. Partial closure of the fallopian tubes can cause the fertilized egg to lodge in the damaged tube resulting in an ectopic pregnancy. Hemorrhage (bleeding) from Ectopic pregnancy is the second leading cause of death among women in this country. Chronic Pelvic Pain (CPP) and abnormal menstruation are other distressing long term complications that result from PID, which can lead to chronic disability and even depression.

According to the Centers for Disease Control and Prevention (CDC), more than one million women are diagnosed with PID each year and a majority of these are teenagers. A similar or even greater number of women may have PID and not even know that they have it. Every year, more than 100,000 women become infertile (unable to become pregnant) due to the effects of PID. Every year, more than 100 women die from PID or complications resulting from PID. Younger age women, especially teenagers are more likely to get PID. African American and Hispanic women are also more likely to get PID.

In most cases PID is a preventable disease. PID can be called a 'lifestyle' disease because the commonest cause of PID is infection with two common sexually transmitted infections (STIs, infections which spread by sexual contact) which are Chlamydia and Gonorrhoea. In other words, PID is a sexually transmitted disease. That is precisely why PID can be prevented by maintaining a 'safe' lifestyle.

Very rarely, PID can be caused after surgical procedures on the uterus such as elective abortion, curettage of the uterus, operations in the pelvis such as hysterectomy or cesarean, but such cases are rare.

Risk factors for getting PID include

- young age (25 years or younger)
- multiple sexual partners – higher the number of partners, higher the risk of PID
- sexual partner who has other sexual partners
- women who have or have had STIs such as Gonorrhoea and or Chlamydia (they often occur together)
- having PID in the past
- women who douche frequently
- not using barrier methods (e.g. condoms) during sexual activity

Prevention depends on maintaining a 'safe' lifestyle

- the only absolute way is to practice abstinence (no sexual contact)
- having sex with only one partner who does not have any STI and does not have sex with anyone else (mutually monogamous relationship)
- using condoms with every act of sexual intercourse
- visit your doctor regularly for screening (at least once a year)
- if you get any symptoms, visit your doctor promptly and obtain screening and treatment if indicated
- do not douche

If you do have PID, you may get symptoms such as

- abnormal vaginal discharge e.g. yellow, or foul smelling
- lower abdominal pain or pain in the right upper part of the abdomen
- fever
- pain during sex
- abnormal periods such as heavy, frequent, painful periods or bleeding in between periods

Sometimes with acute onset of severe PID a woman may experience nausea, vomiting, severe abdominal pain, high fever and chills.

A thorough physical examination may be able to diagnose PID, testing for Gonorrhea, Chlamydia and other infections such as Trichomoniasis may help to further confirm the suspicion. If the diagnosis is unclear the physician may want to perform other studies such as an ultrasound examination or sometimes in especially difficult cases, a laparoscopy may confirm or exclude the diagnosis.

Antibiotics are the mainstay of treatment. It is important to follow your doctor's instructions and complete the entire course of the prescribed antibiotic. Your partner(s) should also be tested and treated. In certain special circumstances such as if you have high fever or have nausea and vomiting preventing you from taking oral medication, or if the diagnosis is unclear or if you do not become better in a day or two after commencing treatment, your doctor may admit you to the hospital for further testing and intravenous (directly into your vein) treatment with antibiotics.

It is critical to follow-up and get examined again to make certain that there is no residual inflammation after treatment. Do not avoid the follow-up examination with your doctor.

Finally, remember that you have the power to prevent PID from happening to you. Take control of your own life and protect yourself with all the information that you have just read. If you need any further help or want questions answered, speak with your doctor.

**RAKSHA JOSHI MD  
MEDICAL DIRECTOR  
MONMOUTH FAMILY HEALTH CENTER  
LONG BRANCH NJ, 732-923-7145**