

Chapter 3

PELVIC INFLAMMATORY DISEASE

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Pelvic inflammatory disease (PID) is a subclinical or acute infection of the upper genital tract involving any or all of the uterus, fallopian tubes, and ovaries in women. Participation of adjacent pelvic organs may accompany the picture, but the organ in which abscess formation is important is the fallopian tubes (1). Its other name is acute salpingitis (2). It can result in endometritis, salpingitis, oophorite, perihepatitis, or tuboovarian abscess.

In many resource-rich countries in general, the prevalence of PID has declined over the past decade. It is thought that there are approximately 90,000 outpatient applications due to PID in the United States, but the actual number of patients is unknown because it is a clinical diagnosis (3). Although the mortality rate has been shown to decrease, delay in diagnosis of PID increases the risk of morbidity and the cost of treatment. Therefore, PID is among the gynecological diagnoses that should have a low threshold of suspicion, especially in women in the reproductive period presenting with the complaint of acute pelvic pain.

Although the etiology of PID has not been clearly determined, various risk factors have been identified (2).

PID risk factors

- Sexually active young women
- Low socioeconomic status
- PID history
- Substance abuse
- Bacterial vaginosis
- Vaginal douching
- Not using barrier contraceptive methods
- Multiple sexual partners
- Sexual partner with urethritis or gonococcal infection
- Chlamydia trachomatis and Neisseria gonorrhoeae positivity in endocervical diagnostic tests

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- Doxycycline 100 mg oral 2 * 1 or Clindamycin 450 mg oral 4 * 1 + Metronidazole 500 mg oral 2 * 1 to complete treatment 24-48 hours after clinical improvement

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