

Infection of upper genital tract (including uterus, fallopian tubes, and ovaries) usually ascending from the cervix with serious Cx. May be sexually or non-sexually acquired. See also STD article.

Pathology

- Usually polymicrobial from breakdown in cervical barrier.
- Non-sexually acquired: Vaginal flora both anaerobic and aerobic bacteria. Including *Gardnerella vaginosis*, *mycoplasma hominis*, *ureaplasma urealyticum*, aerobic streptococci, TB (haematogenous spread), rarely actinomycetes.
- Sexually acquired: *Chlamydia trachomatis* or gonococcus initially and later vaginal flora.

Risk factors

- For STD: young age, new/multiple sex partners, no barrier contraception, low s-e group.
- Insertion of IUCD (for the first 3 weeks after insertion)
- Termination of pregnancy, retained products of conception (RPOC), delivery.

Presentation

History: May be asymptomatic or atypical. Lower abdominal pain common, vaginal discharge, abnormal vaginal bleeding, dyspareunia, N&V. Recent delivery, TOP.

Exam: Lower abdominal tenderness (usually bilateral), mucopurulent cervical discharge and cervicitis seen with speculum, cervical motion tenderness and adnexal tenderness VE, fever.

Investigations

Urine: UA & culture (?UTI), PCR for chlamydia and gonorrhoea

Bloods: FBC, β hCG (?ectopic), ESR/CRP, culture

Imaging: USS (?abscess)

Other: HVS/Cervical swabs for chlamydia and gonorrhoea, endometrial biopsy, laparoscopy.

Management

- Provide adequate pain relief
- Remove RPOC or IUCD
- ABx: Broad-spectrum cover *C. trachomatis*, *N. gonorrhoeae*, and anaerobic infection.
 - **Non-STD:**
 - Mild: PO **Augmentin Duo Forte** T bd + **doxycycline** 100mg bd x 14d
 - Sev: IV **Ampicillin** 2g q6h + **gentamicin** 4-6mg/kg od + **metronidazole** 500mg bd
 - **STD:**
 - Mild: PO **azithromycin** 500mg stat and PO **doxycycline** 100mg bd + **metronidazole** 400 mg bd x 14d. If gonorrhoea suspected add **ceftriaxone** 250mg IM/IV stat
 - Sev: PO **doxycycline** 100mg bd + IV **metronidazole** 500mg bd + **ceftriaxone** 1g od
 - **Roxithromycin** should replace **doxycycline** if pregnant or lactating.
- Sexual partners always treated for chlamydia \pm gonorrhoea if found in patient.

Complications

- Infertility, ectopics, chronic pelvic pain, perihepatitis (Fitz-Hugh-Curtis syndrome), tubo-ovarian abscess, Reiter's syndrome.
- In pregnancy: preterm delivery, and maternal and fetal morbidity
- Neonatal: perinatal transmission of *C. trachomatis* or *N. gonorrhoeae* can cause ophthalmia neonatorum. Chlamydial pneumonitis may also occur.