
Pelvic inflammatory disease (PID)

Summary

- PID is known as the silent epidemic because it is common and often does not cause symptoms.
 - The sexually transmitted diseases chlamydia and gonorrhoea are the most common cause of PID.
 - Use of condoms with any new partner and regular testing for sexually transmissible infections can help prevent PID.
 - PID can lead to scarring of the fallopian tubes and infertility if left untreated, or with repeated episodes.
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Pelvic inflammatory disease (PID) occurs when an infection spreads from the vagina to the cervix, the endometrium (lining of the uterus) and the fallopian tubes. The infection is usually sexually transmitted. It can also occur after a ruptured (burst) appendix or a bowel infection.

Some surgical procedures, such as abortion, curette or insertion of an intrauterine device (IUD), can lead to PID. The infection usually occurs in three stages – the cervix is infected first, followed by the endometrium and then the fallopian tubes.

PID is often called the 'silent epidemic' because it is common among sexually active women, but does not always cause symptoms. About 10,000 women in Australia are treated for PID in hospital each year and many more are treated as outpatients. Women aged 20 to 29 have the highest reported incidence of PID.

Symptoms of PID

Signs and symptoms of PID include:

- lower abdominal pain or tenderness
- menstrual disturbances
- a change in smell, colour or amount of vaginal discharge
- deep pain during sexual intercourse
- fever.

PID and female infertility

Scarring and blockage of the fallopian tubes is the most frequent long-term complication of PID. Infertility occurs because the fertilised egg cannot pass through the tube to the uterus.

Fertility risks that arise because of PID include:

- One episode of PID doubles the risk of tubal infertility.
- With three or more episodes of PID, the risk of fallopian tube blockage rises to 75 per cent.
- One episode of PID increases the risk of ectopic pregnancy (where the fetus develops outside the uterus) sevenfold.

Causes of PID

The most common causes of PID are the sexually transmissible bacterial infections, chlamydia and gonorrhoea. Chlamydia is responsible for 50 per cent of sexually acquired PID cases, while gonorrhoea is the cause in 25 per cent of cases. *Mycoplasma genitalium* has recently been recognised as another sexually transmissible infection associated with PID.

The risk of fallopian tube blockage is slightly higher for PID caused by gonorrhoea.

Diagnosis of PID

Your doctor will test for possible causes such as chlamydia and gonorrhoea. In some cases, a laparoscopy is required to correctly diagnose PID. Laparoscopy involves inserting an endoscope (which is like a surgical video camera) into the abdomen to view the reproductive organs.

Treatment of PID

Chronic pain and, sometimes, severe disability can occur if PID is not treated. This is usually due to extensive scarring. Early treatment of PID may minimise the risk of complications.

Treatment usually involves:

- taking a combination of antibiotics that are active against a broad range of organisms, usually taken for two weeks
- testing male partners and treating them – symptoms may be mild or non-existent in men, however, for STI-related PID, all partners should be treated, regardless of test results
- avoiding genital sexual contact until the treatment is complete and a negative test result is obtained.

Women with severe episodes of PID must be hospitalised for treatment.

Protecting yourself from PID

To help prevent the transmission of the bacteria that can cause PID:

- use condoms during vaginal or anal intercourse with any new partner
- have regular STI check-ups if you change your sexual partner.

The oral contraceptive pill and PID

Data collected in the 1970s indicated that sexually active women who were taking an oral contraceptive pill appeared to have only one third the risk of PID, compared to women not 'on the pill'.

It is not known if the lower-dose contraceptive pills more commonly used now have the same protective effect, although it is likely that they do. Women taking the oral contraceptive pill still need to use condoms with any new partner to protect themselves from infection.

Where to get help

- Your doctor
- Melbourne Sexual Health Centre Tel. (03) 9341 6200 or 1800 032 017 or TTY (for the hearing impaired) (03) 9347 8619
- Women's Health Information Centre, The Royal Women's Hospital, Melbourne Tel. (03) 8345 3045, Regional or rural callers Tel. 1800 442 007
- NURSE-ON-CALL Tel. 1300 60 60 24 – for expert health information and advice (24 hours, 7 days)

Things to remember

- PID is known as the silent epidemic because it is common and often does not cause symptoms.
- The sexually transmitted diseases chlamydia and gonorrhoea are the most common cause of PID.
- Use of condoms with any new partner and regular testing for sexually transmissible infections can help prevent PID.
- PID can lead to scarring of the fallopian tubes and infertility if left untreated, or with repeated episodes.

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