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P.I.D. Pelvic Inflammatory Disease

Information here is general in nature. You should always consult a health professional for health problems.

Things to know:

Pelvic Inflammatory Disease refers to infections of the uterus, fallopian tubes and other female reproductive organs. The [Centers for Disease Control](#) (CDC) estimates more than a million women a year in the United States experience at least one episode of painful PID. The CDC also say that about 100,000 women become infertile (unable to have a baby) each year due to PID, and for many women who do get pregnant but have PID, they may have an "ectopic" pregnancy. That means the fetus starts to grow outside of the womb (the uterus), usually in the Fallopian Tubes. It may start somewhere else in the female reproductive organs outside of the womb. Since there is no room for a baby to grow and not enough blood supply wherever an ectopic pregnancy may start growing, as the fetus starts to grow it bursts the organ where it is located (usually the Fallopian Tubes). This is a very serious medical situation and puts the mother's life in danger. An ectopic pregnancy will never result in a fully developed baby. As well, PID can lead to abscesses and chronic (recurring or constant) pain in the woman's pelvis as well as damage the tissues in and around the uterus and ovaries, and in the Fallopian tubes.

Causes :

PID is a result of some STDs. Very often it is a result of [Chlamydia](#) or [Gonorrhea](#). It occurs when bacteria move up from the vagina or cervix (which is the opening to the uterus). Having had a previous infection can increase the odds of getting it again because of damage that may already have been done to the reproductive organs.

According to the CDC, "Sexually active women in their childbearing years are most at risk, and those under age 25 are more likely to develop PID than those older than 25. This is partly because the cervix of teenage girls and young women is not fully matured, increasing their susceptibility to the STDs that are linked to PID."

Multiple sexual partners increase the risk of a woman developing PID. If a woman has a partner who has had sex with many other people before her, it increases the likelihood that the partner may bring an infection to the woman. Women who douche can end up knocking the natural balance of "good" bacteria in her vagina out of whack and also force any "bad" bacterial infection she may have, up towards her uterus. (Douching is when a female uses a plastic douche bottle or a bag to squirt a fluid into her vagina, hoping to flush any semen and sperm out, after sexual intercourse, or in a misguided attempt to keep her vagina "clean".)

If you are considering using an [IUD](#) as a birth control method, it is recommended that you get tested for and, if necessary, get treated for any STD.

Symptoms

The symptoms of PID range all the way from nothing to quite severe. The CDC estimates that about 2/3 of PID cases go unrecognised, even by health care providers. If PID is caused by Chlamydia, which itself often has mild or

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unnoticed symptoms, the woman may not even realise she is infected but the infection can be seriously damaging her reproductive organs.

When there are signs of PID, they are usually lower abdominal pain, but symptoms can also include fever, an unusual vaginal discharge that may or may not have a bad odour, pain during urination and during intercourse, and there may be irregular menstrual bleeding. In rare cases, there will be pain in the upper right abdomen.

Treatment:

If left untreated, the bacteria leading to PID can cause permanent damage to a female's reproductive organs, causing scarring inside the Fallopian tubes. This scarring can make a female infertile, that is, unable to have babies. Even a bit of scarring can result in infertility and blockage of the tubes by scarring and will prevent her from ever becoming pregnant because the sperm cannot get past the scarred tissue. The more episodes of PID a woman has, the more likely she is to become infertile.

The good news is that early detection and treatment by selected antibiotics can cure PID. The bad news is that any damage already done to the Fallopian tubes is permanent. So the longer a woman waits to get treated, the higher her chance of becoming infertile and/or having an ectopic pregnancy.

Often PID is caused by more than one organism so usually at least two wide-spectrum (covering many organisms) antibiotics are given by mouth or injection. If you get treated for this, it is critical that you finish all the antibiotics. The symptoms may disappear before you are done the antibiotics but if you don't take them all, as directed, the infection may return. As well, in general, "hitting" but not wiping out bacteria with antibiotics is promoting the development of "super-bugs", bacteria that have "learned" from fights with antibiotics, and are now able to resist them. From the CDC's website: "Women being treated for PID should be re-evaluated by their health care provider two to three days after starting treatment to be sure the antibiotics are working to cure the infection. In addition, a woman's sex partner(s) should be treated to decrease the risk of re-infection, even if the partner(s) has no symptoms. Although sex partners may have no symptoms, they may still be infected with the organisms that can cause PID."

Hospitalisation might be needed in some cases if the patient is very ill, is pregnant, must take antibiotics intravenously (by injection), has an abscess (infected inflammation) in the Fallopian tubes or ovaries, or if her doctor feels that she may need to be watched for other symptoms or possible other illness. Occasionally surgery is needed.