

Pelvic Inflammatory Disease (PID) Fact Sheet

WHAT'S INSIDE:

- ❖ **What is** (PID)?
- ❖ How **common** is (PID)?
- ❖ How do **women get** (PID)?
- ❖ What are the **symptoms**?
- ❖ **Testing/Diagnosis**
- ❖ **Treatment**
- ❖ What are the **complications** of (PID)?
- ❖ **Reduce** your risk

SOURCES:

Centers for Disease Control and
Prevention

- ❖ [PID Fact Sheet](#)
- ❖ [STD Treatment Guidelines, 2010](#)

National Institute for Allergy and
Infectious Diseases

- ❖ [Pelvic Inflammatory Disease](#)

What is PID?

Pelvic inflammatory disease (PID) is a serious infection that develops in the upper genital tract/reproductive organs in females. PID can affect the uterus (womb), fallopian tubes (tubes through which eggs move from the ovaries to the uterus), ovaries (where eggs are produced), and other reproductive organs.



What are the symptoms?

It is possible for a woman to have PID and have no symptoms, or have symptoms too mild to notice (but organ damage can still be happening). This is especially true when PID is caused by chlamydia. When symptoms occur they might include:

- ❖ Pain or tenderness in the lower abdomen
- ❖ Burning or pain with urination
- ❖ Nausea and vomiting
- ❖ Fever and chills
- ❖ Bleeding between menstrual periods
- ❖ Vaginal discharge that has an odor
- ❖ Painful sex



Testing/Diagnosis

There is no specific test for PID. Diagnosis is usually made based on symptoms including lower abdominal pain, fever, and vaginal discharge. The infection can be hard to diagnose due to mild symptoms that are often similar to those experienced with other diseases and conditions. All women diagnosed with PID should be tested for chlamydia and gonorrhea, the most common causes of PID. HIV screening is also encouraged.

- ❖ When a healthcare provider suspects PID, he/she may order tests such as an ultrasound to check the fallopian tubes, or a laparoscopy, which uses a small tube inserted into an incision near the abdomen to view the internal organs and take small samples.



How common is PID?

An estimated 750,000 women in the U.S. each year are affected by PID, according to the Centers for Disease Control and Prevention. Of these, about 75,000 become infertile.



Treatment

PID is treated with antibiotics, given orally or by injection.

To limit damage to the reproductive organs, treatment should begin early and all medications should be taken (even if symptoms go away). Healthcare providers will check a woman 2-3 days after treatment, to make sure the medicine is working.

Hospitalization to treat PID may be recommended if the woman:

- ❖ Is very ill (nausea, vomiting, and high fever)
- ❖ Is pregnant
- ❖ Does not respond to or cannot take oral medications

Has an abscess (infected area with pus) in the fallopian tube or ovary.

How do women get PID?

PID develops when bacteria spread to a woman's reproductive organs. The bacteria that cause PID can occur naturally, but most often are due to untreated chlamydia or gonorrhea infections.

PID occurs most often in women 25 years of age and younger (the age group in which chlamydia infections are most common).





What are the complications of PID?

Without treatment, scar tissue can develop in the fallopian tubes, blocking them and preventing a woman from getting pregnant. When scar tissue blocks a fallopian tube, a fertilized egg may not be able to pass through the tube into the uterus. This is called an ectopic or tubal pregnancy. This can cause a tube to burst and lead to bleeding and extreme pain.

Untreated PID can also cause a woman to have chronic pelvic pain. About 10% of women with PID become infertile, and the risk increases if a woman develops PID more than once.



Reduce your risk

There are several things women can do to lower their risk of PID:

- ❖ Avoid douching.
- ❖ Use condoms or other latex barrier (such as a dental dam) for each sex act (oral, anal, and vaginal). A barrier should be put on before any sexual contact takes place.
- ❖ Have sex with only one partner (who only has sex with you)
- ❖ Talk with your healthcare provider to see what STD tests might be recommended for you. All sexually active women age 25 and under should be tested once a year for chlamydia. Any woman with risk factors (new or multiple partners, unprotected sex) should be tested annually for chlamydia and gonorrhea.
- ❖ Talk to your partner

Since PID so often is caused by chlamydia or gonorrhea, sex partners of people who have PID should be examined and treated. To avoid becoming infected again, don't have sex until partners have been treated.

