

HEALTH IN OUR HANDS!

The Arkansas State University Wellness Program Newsletter
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The female organs that are positioned within the confines of the pelvis are referred to as pelvic organs. Among these structures are the uterus, fallopian tubes, ovaries and cervix which are a part of the reproductive system. When it comes to pelvic inflammatory disease, the reproductive pelvic organs are affected and increase a female's risk of infertility.

Pelvic Inflammatory Disease

Pelvic Inflammatory Disease (PID) is a result of an invasion of bacteria from the vagina into the pelvic organs. The transference of bacteria doesn't occur in a definitive time frame, but estimated to happen within a few days to months. Many forms of microorganisms can cause PID, but the two most common microbes are associated with sexually transmitted diseases – chlamydia and gonorrhea. In the United States, more than three quarters of a million females are treated for an episode of PID each year. As a result of the disease, roughly 10% could become infertile.

Pelvic Inflammatory Disease

Once the bacteria reach the pelvic organs they cause an inflammatory response that progresses to scar formation. Scar formation occurring in the fallopian tubes can disrupt the egg movement to the uterus. If the fallopian tube is partially blocked, a fertilized egg can grow as if it were attached to the uterus. A fertilized egg growing in the fallopian tube is referred to as an ectopic pregnancy and can cause intense pain, discomfort, internal bleeding and even death. If the fallopian tubes are completely blocked, the sperm cannot reach and fertilize the eggs making the female infertile.

What increases your risk?

There are many things that contribute to someone developing pelvic inflammatory disease. The following are situations or activities that would increase a woman's risk of having an episode of PID:

- **Chlamydia** is the most common form of STD

reported in the United States that is caused by the bacterium Chlamydia trachomatis. The symptoms are usually mild or absent. If symptoms are present, they usually occur weeks after exposure. The delay in symptoms gives bacteria plenty of time to travel to the reproductive organs causing PID.

- **Gonorrhea** is another form of a sexually transmitted disease that is caused by the bacterium Neisseria gonorrhoeae. Ejaculation does not have to occur for bacteria to transmit. Similar to chlamydia, there may be a delay in the symptoms of the disease in men and women, providing time for the bacteria to travel to the pelvic organs.
- **Douche** can also increase the risk of pelvic inflammatory disease. Douching can further displace bacteria towards the upper reproductive organs.

- **Intrauterine Device (IUD)** can increase a woman's risk of developing PID near the time of insertion compared to women taking birth control pills. The greatest risk was during the first 20 days after insertion. It is imperative to get tested and treated for any STDs prior to the insertion of an IUD.
- **Sexually active women under the age of 25** are at a greater risk than older women. The cervix in younger females is not fully matured making them vulnerable to developing PID.
- **Multiple Sex Partners** increase the risk of contracting a sexually transmitted disease. The presence of the bacterium may be asymptomatic giving the agents time to migrate towards the upper reproductive tract. A female under the age of 25 with multiple sex partners increases her chances of developing PID.

Signs and Symptoms

The symptoms of PID will vary between individuals. If chlamydia is the cause, symptoms may be absent or mild. Because chlamydia is a silent infection, it can cause major damage to the upper reproductive tract without. If

symptoms are present with PID, those most commonly reported are:

- ✓ Lower abdominal pain
- ✓ Vaginal discharge (foul odor)
- ✓ Painful urination
- ✓ Fever
- ✓ Irregular menstruation
- ✓ Painful intercourse

Diagnosis and Treatment

Pelvic Inflammatory Disease is usually diagnosed based off clinical findings. The symptoms severity can range between individuals which makes diagnosing PID very difficult. If a physician suspects PID, a physical examination will be performed. Ultrasound and laparoscopy are also helpful with diagnosing pelvic inflammatory disease. An ultrasound can produce images that allow the physicians to determine if an abscess is present or if the fallopian tubes are distended. Laparoscopy is a more invasive procedure that uses a camera to confirm the diagnosis.

Antibiotics are used to cure mild forms of pelvic inflammatory disease. Usually combinations of two antibiotics are used to fight against the infectious bacteria. If treatment is prolonged, irreversible damage will be done to the pelvic organs. Hospitalization may be suggested if a female has or presents with the following:

- Severely ill
- Pregnant

- Has an abscess (surgery indicated if it does not go away)
- Cannot or has difficulty taking pills

How to protect yourself?

Pelvic inflammatory disease can be painful and even ruin dreams of bearing children. Listed are a few steps you can take to decrease your risk of developing PID:

- Use a condom
- Have only one sex partner
- Educate your partner on the dangers of PID
- Get an annual pelvic exam
- Do not douche
- Ask your physician about the risk/benefits of an IUD
- See your physician if you suspect anything

Sources Used for this article

- www.womenshealth.gov
- <http://emedicine.medscape.com>
- <http://www.cdc.gov>
- <http://www.nlm.nih.gov>

**If you have any suggestions for newsletter topics, please contact Dean Susan Hanrahan at hanrahan@astate.edu.

The Arkansas State University Employee Wellness Newsletter is published monthly during the academic year by the College of Nursing and Health Professions. Health questions can be addressed to Dean Susan Hanrahan, Ph. D., ext. 3112 or hanrahan@astate.edu. Produced by Jerrica Thomas, graduate student in the College of Nursing and Health Professions, Physical Therapy Program.