Cervicitis

Acute cervicitis:

** Usually a part of gonorrheal, chlamydial, postabortive, pueperal infection

** The cervix is congested, with purulent discharge coming from the external os

** The treatment is directed to the condition of which acute cervicitis is a component

** The condition may resolve or result in chronic cervicitis or lead to PID

Cervicitis

Chronic cervicitis:

** A common condition in 30-80% of multiparae

** It may result from infection of traumatic laceration or follow acute cervicitis

** Clinical picture: (symptoms)

Pelvic pain or low back pain
Discharge mucopurulent or mucoid
Congestive dysmenorrhea
Menorrhagia or polymenorrhagia
Dyspareunia

Cervicitis

Chronic cervicitis:

** Clinical picture: (signs)

Hypertrophy and congestion of the portio vaginalis

Discharge mucopurulent or mucoid
Nabothian follicles
Cervical erosion
Cervical ectropion
Mucous polyp

Cervicitis

Chronic cervicitis:

**Treatment:

Cautery by diathermy Laser or cryocautery

Trachylorraphy

Rarely conization

Endometritis:

Acute endometritis:

Chronic endometrits:

Tuberculous and bilharzial endometrits:

Senile endometrits: (poor resistance of the endometrium leading to its infection by the pathogenics from the vagina)

Endometritis:

Clinical picture:

Discharge (offensive, blood stained)

When pyometra develops:

Coliky Pain, intermittent discharge

Enlarged uterus (soft and cystic)

Exclusion of cervical or endometrial cancer is essential

Treatment:

Drainage & antibiotics

Hysterectomy

Pyometra:

Causes:

*Senile endometritis

*Endometrial & cervical cancer

*T.B. endometritis

*Following radiotherpy

*Surgical stenosis of the cervix

Salpingoophoritis:

Etiology:

*gonococcal infection

*chlamedial infection

*puerpural & postabortive infection (staphylococci, streptococci, E. coli)

*introduction of pathogens during gynecological procedures (HSG, IUD insertion)

*spread from adjacent inflammation e.g. appendicitis

*TB

*bilharziasis

Salpingoophoritis:

Consequences

*resolution

*pyosalpinx

*pelvic abscess

*hydrosalpinx

*chronic interstitial salpingitis (thickened & fiberosed tube either as a whole or parts)

*tuboovarian mass

Salpingoophoritis:

Clinical picture:

--Acute salpingoophoritis: will be discussed in PID

--Chronic salpingoophoritis: may be asymptomatic

*there may be history of acute salpingoophoritis

*lower abdominal or lower back pain

*congestive dysmenorrhea or dyspareunia

*menorrhagia or polymenorrhea

*RVF uterus, adnexal tenderness or mass

*acute exacerbation my occur

*laparoscopy is a valuable tool for diagnosis as the disease manifestations are non specific

Salpingoophoritis:

Treatment

--Acute salpingoophoritis: will be discussed in PID

--Chronic salpingoophoritis: usually unsatisfactory

*pain relief measure

*treatmnet of menstrual irregularity

*antibiotics if acute exacerbation oocurred

*surgery in cases of

presence of pelvic mass

salingectomy (pyosalpinx, before IVF)

recurrent attacks of acute salpingoophoritis

persistence of pelvic pain

Pelvic inflammatory disease (PID):

Definition:

It is an ***acute*** clinical syndrome attributed to ascending spread of microorganisms from the vagina end endocervix to the endometrium and Fallopian tubes and/or adjacent structures

Pelvic inflammatory disease (PID):

Epidemiology:

PID is a diseases of sexually active menstruating women, the risk factors are:

*young age
*sexual activity
*poor personal hygiene
*previous or concomitant STD
*vaginal douching
* IUD use
* Invasive gynecological procedures e.g. hysteresalpingography, D&C

Pelvic inflammatory disease (PID):

Causative organism:

PID is usually polymicrobial and involves STD organisms and those of the normal flora of the lower genital tract:

The most common causative organisms are:

*Gonococci &
*C. trachomatis
(the above organisms are responsible for 50% of cases)
*Aerobic (E. coli, staphylococci, streptococci, enterococci)
*Anaerobic (peptococci, bacteroids, colistridia)

Pelvic inflammatory disease (PID):

Diagnosis:

All of the following should be present:

*lower abdominal pain and tenderness with or without rebound

*cervical motion tenderness

*adnexal tenderness

Pelvic inflammatory disease (PID):

Diagnosis:

One or more of the following should be present:

*temperature ≥ 38° C

*leukocytosis ≥ 10000/mm3

*ESR > 15 mm/h or high CRP rate

*culdocentesis yield peritoneal fluid containing WBCs or bacteria

*evidence of presence of N. gonorrhea or C. trachomatis in the cervix (Mucopurulent cervicitis, Gram –ve intracellular diplococci, +ve chlamydia antigen test)

Pelvic inflammatory disease (PID):

Diagnosis:

Laparoscopy:

indicated in:

*when the diagnosis is in doubt

*In cases non responding to treatment

It reveals

*erythema/edema of the tube

*exudate from the fimberia

*pyogenic membrane

*inflammatory mass

*abscess

Pelvic inflammatory disease (PID):

Long term consequences:

*infertility

*ectopic pregnancy

*chronic pelvic pain

*recurrence

Pelvic inflammatory disease (PID):

Treatment:

*Hospitalization (in severe cases)

*antibiotics (multiple agents)

*screening for STD for the patint and her partner

*surgery in cases of abscess formation or peritonitis

Thank you