Pelvic inflammatory disease essay

ASSIGN
BUSTER

Pelvic Inflammatory Disease (PID) is a bacterial infection of the organs of the upper female genital tract, such as the uterus, fallopian tubes and ovaries (MSN Encarta, 2008). PID is often the result of sexually transmitted infections that are not completely treated with antibiotics. The complications of PID include the scarring of the fallopian tubes, which, in turn, may lead to ectopic pregnancy or infertility. Each episode of the disorder is said to double a woman’s chance of infertility (Carleton, 1994). Each year, about 1 million women in the United States undergo treatment for PID (MSN Encarta, 2008).

Progression of the Disease The most common causes of PID are several types of aerobic (oxygen-requiring) and anaerobic (non-oxygen-requiring) bacteria. These microorganisms, meanwhile, include Neisseria gonorrhoeae (the bacterium that causes gonorrhea) and Chlamydia trachomatis (the bacterium that causes Chlamydia). The transmission of PID-causing bacteria usually occurs through unprotected sexual intercourse with an infected partner. Sexually active women below the age of 25 are said to be the most susceptible to PID (MSN Encarta, 2008).

In the article Women’s Diseases Doctors Miss Most (1994), author Susan Carleton wrote that “ many women are unaware (that they have PID) because doctors may not recognize the symptoms” (Carleton, 1994). Should a patient seek treatment for sexually transmitted diseases, these are not treated promptly and aggressively enough with antibiotics to be totally wiped out – leading to PID. Furthermore, PID often exhibits ambiguous symptoms – vaginal discharge, one of its usual symptoms, can be mistaken as an indication of a yeast infection. In some cases, the patient may be asymptomatic (does not display any obvious symptoms) (Carleton, 1994).

Symptoms Acute PID is frequently characterized with fever, chills, lower abdominal and pelvic pain and vaginal discharge or bleeding. Patients, particularly those who have Neisseria gonorrhoeae-triggered PID, often experience these indicators a few days after the beginning of their menstrual period. The progression of PID that is caused by Chlamydia trachomatis is slower than PID due to Neisseria gonorrhoeae. Women with PID also exhibit tenderness in the uterus, ovaries and fallopian tubes. Pelvic abscesses may be present in severe cases (MSN Encarta, 2008). Complications

With proper treatment, many women with PID fully recover without any lasting health problems. But PID can lead to serious complications, especially when it is not treated early or entirely. Below are some examples of PID-related complications:

a. Recurrent PID – Some women who have a prior history of PID can have another infection several years after their previous bout of the disease. This is true especially for women who were either re-infected or were not completely cured of their PID. Recurring PID increases a woman’s risk of acquiring the disease in the future (Beus, 2002).

b. Abscesses – PID may result in abscesses (pockets of infected fluid), particularly in the pelvis. Abscesses are dangerous – they may not be treatable with antibiotics and can be potentially life-threatening when they burst or rupture. Doctors use surgery to treat abscesses that cannot be cured with antibiotics (Beus, 2002).

c. Ectopic Pregnancy – PID can cause scarring of the fallopian tubes. Scar tissue in the fallopian tubes can block a fertilized egg’s entry into the uterus.

An ectopic pregnancy will ensue, wherein a fertilized egg will settle in one of the fallopian tubes and grow as if it was inside the uterus.

Ectopic pregnancy is another life-threatening complication of PID – it can lead to miscarriage or internal bleeding caused by the rupturing of the fallopian tube. Ectopic pregnancy can only be treated by terminating the pregnancy itself (Beus, 2002).

d. Infertility – PID is one of the major causes of infertility in women. The disease can cause scarring that can completely block the fallopian tubes, virtually preventing an egg cell to be released and fertilized. Women who experienced more than one episode of PID are more at risk for infertility. About 1 out of 5 women with PID will most likely end up infertile as a result (Beus, 2002).

e. Chronic pain – PID-related scarring can cause chronic pain by straining the tissues of the pelvis and other reproductive organs. The pain can also be caused by scar tissue that was formed before the infection was treated or an infection that has not been completely wiped out (Beus, 2002). Treatment Women with PID usually undergo antibiotic therapy. The treatment period lasts from 10 to 14 days, wherein they take oral antibiotics such as intramuscular ceftriaxone and oral doxycycline and metronidazole.

Intravenous antibiotic therapy is recommended for severely ill PID patients. Their sexual partners should seek treatment for STDs. Surgery is another form of treatment that is used to deal with extreme cases of PID. Women who suffer from chronic PID or pelvic pain are often advised by their doctors to undergo surgery to have their damaged or infected organs removed.

Below are the surgical procedures that are commonly used in the treatment of PID:

a. Salpingectomy – The removal of the fallopian tubes.

b. Hysterectomy – The removal of the uterus and usually the cervix.

c. Oophorectomy – The removal of one or both ovaries (Beus, 2002).

Conclusion

In PID, as with any other disease, prevention is better than cure. Sexually-active women should be responsible by practicing safe sex – condoms greatly reduce a woman's chance of contracting PID-causing bacteria. They should also go to the gynecologist at least once a year for their annual pap smear (a procedure that is used to detect cellular changes in the cervix that can lead to cervical cancer and other reproductive system disorders). It may be tedious, but the joy and freedom of good health will be all worth the effort.