Research Paper

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A PROSPECTIVE OBSERVATIONAL STUDY ASSESSING PELVIC INFLAMMATORY DISEASE PREDISPOSING FACTORS- A RELOOK!

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ABSTRACT

This study of the literature has identified the need for more vigilant screening for asymptomatic STIs in eligible female patients in order to prevent PID through early treatment of STIs with the goal of preventing damage to the reproductive tract that predisposes patients to infertility[4], ectopic pregnancy, and CPP. Importantly, behavioral interventions designed to improve provider and patient adherence to CDC treatment guidelines work, but must be widely implemented for improvement in population outcomes. The authors postulate that established interventions, such as OUs and community health nursing, used in new ways have promise for improving patient outcomes after PID.

KEYWORDS

Ectopic Pregnancy, *Predisposing Factors*, Neisseria Gonorrhoeae

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INTRODUCTION

Pelvic inflammatory disease is one of the most common gynecological disorders of women all over the world. It is a clinical condition where in the endometrial, fallopian tubes and the adjacent pelvic structures are infected due to the ascending infection from the lower genital tract such as vagina and cervix through the uterine cavity1.

PID is an infection of the female upper reproductive tract, including the endometrium, fallopian tubes, ovaries, and pelvic peritoneum. Sexually transmitted infections (STIs), such as Chlamydia trachomatis and Neisseria gonorrhoeae2, are commonly implicated in cases of PID, but they are not the only organisms associated with clinical disease. The diagnosis of PID is made difficult by variation in clinical manifestations: subclinical patients with PID are asymptomatic, while patients with more severe disease present with abdominal pain requiring surgical intervention. According to the CDC 2015 Sexually Transmitted Diseases Treatment Guidelines, any young sexually active woman or woman at risk for STIs with unexplained lower abdominal or pelvic pain and at least one of the following clinical criteria noted on pelvic examination should receive presumptive treatment for PID: cervical motion tenderness, uterine tenderness, and adnexal tenderness3.

The current state of PID management approach to treatment is highly focused on self-management in outpatient settings. The use of inpatient hospitalization is expensive and simply no longer a cost-effective strategy for all women. There may be, however, alternative strategies that optimize the use of clinical services while continuing to reduce the cost of PID care delivery. Two potential strategies worth consideration include observation units (OUs) and community health nursing.

This review of the literature has identified the need for more vigilant screening for asymptomatic STIs in eligible female patients in order to prevent PID through early treatment of STIs with the goal of preventing damage to the reproductive tract that predisposes patients to infertility4, ectopic pregnancy, and CPP. Importantly, behavioral interventions designed to improve provider and patient adherence to CDC treatment guidelines work, but must be widely implemented for improvement in population outcomes. The authors postulate that established interventions, such as OUs and community health nursing, used in new ways have promise for improving patient outcomes after PID.

PID diagnostic criteria per 2015 CDC guidelines

Minimal clinical criteria	Cervical motion tenderness Uterine tenderness Adnexal tenderness
Additional criteria	Oral temperature greater than 101°F (38.3°C) Abnormal cervical mucopurulent discharge or
	cervical friability Abundant white blood cells on microscopic evaluation of vaginal fluid Elevated erythrocyte sedimentation rate Elevated C-reactive protein Laboratory documentation of cervical infection with Neisseria gonorrhoeae or Chlamydia trachomatis
Specific criteriac	Endometrial biopsy with histopathologic evidence of endometritis Transvaginal ultrasound or magnetic resonance imaging showing thickened, fluid-filled tubes with or without free pelvic fluid or tubo-ovarian complex, or Doppler studies suggesting pelvic infection Laparoscopic findings consistent with PID

The study of PID in younger populations has revealed that adolescents are at even greater risk of developing PID and associated complications. An estimated one in five cases of PID occur in women younger than 19 years, and in one study, adolescents and young women aged 17–21 years were twice as likely as other age groups to be diagnosed with PID. There are many women who are asymptomatic5. This makes it further difficult. In such conditions, a knowledge of the risk factors which may contribute in the diagnosis of PID will be helpful. Hence this study was performed to identify the risk factors of Pelvic Inflammatory disease among women.

METHODOLOGY

This prospective study was conducted by the department of Gynecology at a tertiary care centre in 300 non-pregnant women who came in with clinical symptoms suggestive of Pelvic inflammatory disease and diagnosed as acute pelvic infection or PID were included in the study. Time period of study was from June 2017 to November 2017. All pregnant women and women with other gynecological problems not related to PID were excluded from the study.

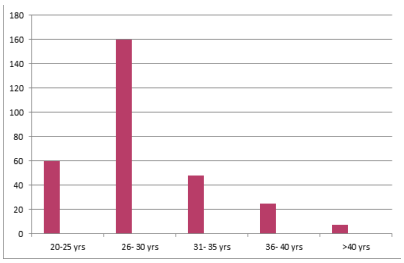
Demographic details such as age, weight, height, parity, socio-economic status, education levels etc were noted. They were all subjected to complete physical and clinical examination.

Investigations such as hemoglobin levels, complete blood picture, erythrocyte sedimentation rate, Random blood sugar, serum bilirubin levels, SGPT, SGOT, urea, creatinine were performed. Tests for VDRL, routine urine examination, gram's stain, PAP smear, etc were also done. All the patients were also subjected to pelvic ultrasound.

RESULTS

TABLE 1. AGE WISE DISTRIBUTION OF SUBJECTS

AGE GROUP	No.
20- 25 yrs	60
26- 30 yrs	160
31- 35 yrs	48
36- 40 yrs	25
>40 yrs	7

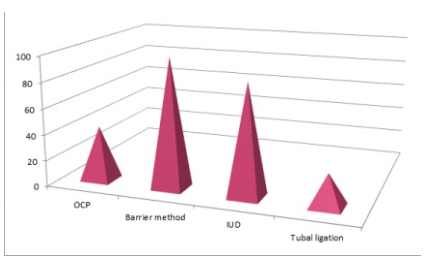


AGE WISE DISTRIBUTION OF SUBJECTS

PID is among one of the most common diseases among the married women in India. In the present study, it was observed in more prominence among the married women between the ages 20-30 years. Similar cases were observed in another study by Westrom et al2.

TABLE 2. USE OF CONTRACEPTIVES IN SUBJECTS

CONTRACEPTIVE USE	No.
Oral contraceptive pill	42
Barrier method	100
IUD	86
Tubal ligation	25
None	47

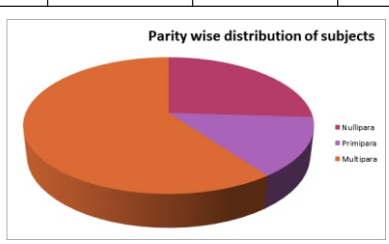


USE OF CONTRACEPTIVES IN SUBJECTS

Barrier method was the most common method of contraception used by most of the couples in present study. Female sterilization, contamination and unhygienic practices of tubal ligations especially in the rural areas have also been identified as the cause, although in the present study we could not find any such association.

TABLE 3. DISTRIBUTION OF SUBJECTS BASED ON PARITY

	Nullipara	Prmipara	Multipara
No. Of subjects	78	42	180



DISTRIBUTION OF SUBJECTS BASED ON PARITY

CONCLUSION

A focus on reproductive and gynecologic morbidity, rather than on short-term clinical and microbiological cure, is greatly needed. Whether currently prescribed6,7 PID antibiotic regimens are effective in the prevention of subsequent reproductive morbidity is largely unknown. Arguably, long-term PID sequelae represent the most important treatment outcomes. Ultimately, microbe-specific and optimized treatment needs to preserve fertility following PID and also prevent recurrent and persistent infection, ectopic pregnancy, and chronic pain, improving the long-term prognosis for women who have PID8.

Young age of first coitus, multiple sexual partners, lower socioeconomic status, lesser eduction levels and use of contraceptives play a major role in the prevalence of Pelvic inflammatory diseases among women9. Therefore, proper education must be given regarding the hazards of early marriages and lack of hygiene among these people should be re emphasized.

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