

Primary Care Aspects of Pelvic Inflammatory Disease: Review Questions

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QUESTIONS

Choose the single best answer for each question.

- 1. Performing which of the following procedures is necessary to make a diagnosis of pelvic inflammatory disease (PID)?**
 - A) Physical examination
 - B) Endocervical culture
 - C) Endometrial biopsy
 - D) Transvaginal ultrasonography
 - E) Laparoscopy
- 2. PID is NOT caused by which of the following organisms?**
 - A) Anaerobic organisms
 - B) Chlamydia
 - C) Gonococcus
 - D) Gram-negative bacteria
 - E) Staphylococcus aureus
- 3. Which of the following statements regarding risk factors for PID is correct?**
 - A) Barrier contraceptive methods do not influence the risk for PID
 - B) Douching increases the risk for PID
 - C) Oral contraceptives increase the risk for PID
 - D) Race and ethnicity do not influence the risk for PID
 - E) Smoking does not influence the risk for PID
- 4. Which of the following statements regarding the treatment of PID is correct?**
 - A) Antibiotics should be chosen based on results of cultures
 - B) Appropriate antibiotic therapy has been proven to decrease PID complications
 - C) Hospital treatment is superior to outpatient therapy for PID
 - D) Intramuscular doses of cefoxitin and oral administration of doxycycline are part of the outpatient therapy of PID
 - E) Intravenous administration of ciprofloxacin alone is reasonable for inpatient therapy of PID
- 5. Which of the following represents a patient's risk for infertility after a single episode of PID?**
 - A) 5%
 - B) 10%
 - C) 20%
 - D) 30%
 - E) 40%

(turn page for answers)

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EXPLANATION OF ANSWERS

- (A) Physical examination.** According to the Centers for Disease Control and Prevention (CDC), the diagnosis of pelvic inflammatory disease (PID) is typically made by clinical examination, with minimum diagnostic criteria of lower abdominal, adnexal, and cervical motion tenderness.¹ More extensive diagnostic procedures, including endometrial biopsy, transvaginal ultrasonography, and laparoscopy, are often advocated but seldom performed because of expense and patient discomfort. Endocervical cultures are beneficial for patients unresponsive to antibiotic agents.
- (E) Staphylococcus aureus.** *S. aureus* does not cause PID. Anaerobic organisms, chlamydia, gonococcus, and gram-negative bacteria can all cause PID. In addition, streptococci and *Gardnerella vaginalis* may also cause PID.
- (B) Douching increases the risk for PID.** Douching has been convincingly shown to increase the risk for PID. Barrier contraceptive use, particularly condom use, decreases the risk for PID. Oral contraceptives either have no influence on the risk for PID, or they may decrease the disease risk. Smoking increases the risk for PID, as does African American race.
- (D) Intramuscular doses of cefoxitin and oral administration of doxycycline are part of the outpatient**

therapy of PID. The outpatient regimen of cefoxitin and doxycycline covers all PID pathogens. Antibiotic therapy has not yet been proven to decrease complications of PID. Antibiotic therapy is empiric and broad-spectrum; it is not based on culture results. Hospital therapy is not superior to outpatient treatment in randomized, controlled studies.² Intravenous administration of ciprofloxacin alone is not adequate therapy for PID. The CDC recommends intravenous administration of cefoxitin and oral administration of doxycycline for inpatient therapy.¹

- (C) 20%.** In most clinical studies, infertility caused by PID-induced tubal obstruction occurs in approximately 20% of all women who have an episode of PID. Women experiencing recurrent episodes have even higher rates of infertility.

REFERENCES

- 1998 guidelines for treatment of sexually transmitted diseases. Centers for Disease Control and Prevention. MMWR Recomm Rep 1998;47(RR-1):1–111.
- Ness RB, Soper DE, Holley RL, et al. Effectiveness of inpatient and outpatient treatment strategies for women with pelvic inflammatory disease: results from the Pelvic Inflammatory Disease Evaluation and Clinical Health (PEACH) Randomized Trial. Am J Obstet Gynecol 2002; 186:929–37.

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