

Pelvic Inflammatory Disease

Definition

Bacterial infection of the female upper genital tract involving any combination of the endometrium, fallopian tubes, pelvic peritoneum and contiguous structures. Symptoms include lower abdominal pain, adnexal or cervical motion tenderness and fever.

Common Pathogens

Chlamydia trachomatis
Neisseria gonorrhoeae
Enterobacteriaceae
Anaerobes

Treatment

Outpatient Therapy

Ceftriaxone 250 mg IM x 1 dose

PLUS

Doxycycline 100 mg PO BID x 14 days

Inpatient Therapy

Ceftriaxone 1 g IV q24h

PLUS

Doxycycline 100 mg PO q12h

Step Down Strategy

When clinically improved, step down to oral therapy with Doxycycline 100 mg PO BID

OR

Amoxicillin-clavulanate 875/125 mg PO BID

Add Metronidazole 500 mg PO/IV q12h if a tubo-ovarian abscess is suspected

Beta-lactam Anaphylaxis

Clindamycin 900 mg IV q8h + Gentamicin IV (as per Osler guidelines)

Step Down Strategy[†]

Levofloxacin 500 mg daily + Metronidazole 500 mg PO BID

[†]This regimen should not be used for *N. gonorrhea* infections given poor fluoroquinolone activity due to emerging resistance

Treatment Duration

14 days

Special Considerations

- ⌘ All patients should be tested for Chlamydia and Gonorrhea using either a cervical swab or urine sent for Nucleic Acid Amplification Testing (NAAT)
- ⌘ All patients should be tested for concomitant pregnancy, as doxycycline is not recommended for use after 15 weeks of gestation
- ⌘ If outpatient treatment is pursued and there is no clinical improvement after 2-3 days, hospital admission for parenteral therapy, observation, and consideration for laparoscopy is required