Pelvic Inflammatory Disease

Management	**Inpatient**: ▪ IV regimen A: cefoxitin 2g IV q6h plus doxycycline 100mg PO BID ▪ IV regimen B: clindamycin 900 mg IV every 8 hours plus gentamicin 2.0 mg/kg IV loading dose then 1.5 mg/kg IV every 8 hours ▪ Following A, B: doxycycline 100mg PO BID for 14 days or erythromycin 500mg PO QID for 14 days ▪ Alternative regimens: Levofloxacin +/- Metronidazole; Ofloxacin +/- Metronidoazole; Amp/ Sulbactam + Doxy **Outpatient**: ▪ Ceftriaxone 250 mg IM in a single dose PLUS doxycycline 100 mg PO BID for 14 days w/ or w/o metronidazole 500mg PO BID for 14 day **Partner**: Evaluation and treatment of contacts w/i prior 60 days recommended. Refrain from intercourse in the meantime

Heavy or Irregular Menstrual Bleeding

Definition	Abnormalities in the frequency, duration, volume, and/or timing of menstrual bleeding
Ddx	Anovulatory bleeding (most common cause in adolescents), pregnancy (must rule out even w/o report of sexual activity), coagulopathy
Symptoms	• Menses prolonged or cycle shortened w/ frequent menses (normal menses happen every 21-45 days) • Flow moderate to heavy • May present w/ anemia leading to orthostasis, fatigue, or exercise intolerance • Other changes may include weight change, visual changes, headache, heat or cold intolerance, skin changes (hirsutism or acne), palpitations, cyclic abdominal pain
Evaluation	• CBC w/ diff, urine hCG, gonorrhea and chlamydia testing, coagulation studies, von Willebrand panel, TSH, LH, FSH, prolactin, free/total testosterone, DHEAS • Pelvic ultrasound if mass palpable, uterine abnormality suspected, or patient is not responding to typical therapies • Ask about personal and family history of bleeding
Management	• OCPs (ethinyl estradiol-norgestrel) p BID (or occasionally TID/QID) until bleeding stops, then daily iron supplements as needed for anemia. • Anti-emetic as needed for nausea associated w/ hormone therapy

Amenorrhea

Definition	• **Primary**: Absence of menses by age 15 or absence of menses 3 years following thelarche • **Secondary**: Absence of menses for three cycles or for six months w/ prior normal menses
Pathophysiology	• **Primary w/o secondary sex characteristics (no breast development) but normal genitalia (uterus and vagina)**: Turner syndrome, abnormal X chromosome, mosaicism, pure gonadal dysgenesis, 17 a-hydroxylase deficiency, hypothalamic failure secondary to inadequate gonadotropin- releasing hormone (GnRH) release, constitutional delay of puberty. • **Primary w/ normal breast development but absent uterus**: Androgen insensitivity, congenital absence of uterus (MRKH). • **Primary w/ no breast development and no uterus**: 17,20 desmolase deficiency, agonadism, 17 -hydroxylase deficiency w/ 46 XY karyotype