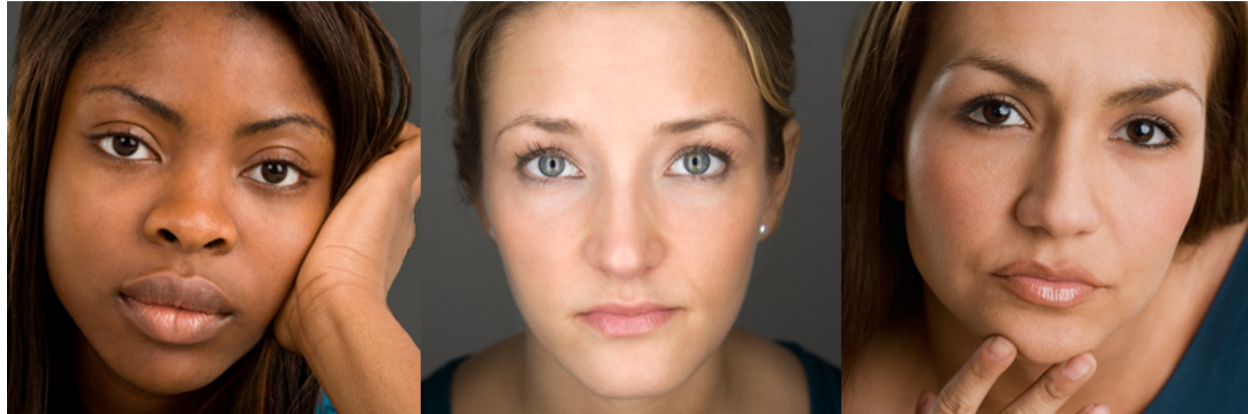




Pelvic Inflammatory Disease (PID)

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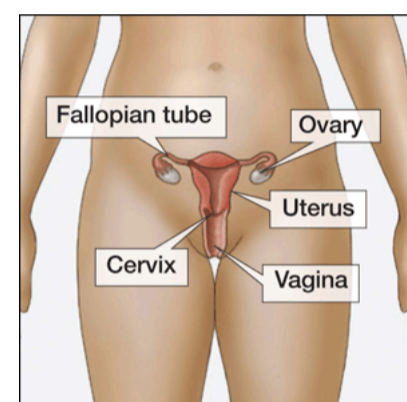
Pelvic Inflammatory Disease (PID) – CDC Basic Fact Sheet



Untreated [sexually transmitted diseases \(STDs\)](#) can cause pelvic inflammatory disease (PID), a serious condition, in women. 1 in 8 women with a history of PID experience difficulties getting pregnant. You can prevent PID if you know how to protect yourself. This fact sheet answers basic questions about PID.

What is PID?

[Pelvic inflammatory disease](#) is an infection of a woman's reproductive organs. It is a complication often caused by some STDs, like [chlamydia](#) and [gonorrhea](#). Other infections that are not sexually transmitted can also cause PID.



How do I get PID?

You are more likely to get PID if you

- Have an STD and do not get treated;
- Have more than one sex partner;
- Have a sex partner who has sex partners other than you;
- Have had PID before;
- Are sexually active and are age 25 or younger;
- Douche;
- Use an intrauterine device (IUD) for birth control. However, the small increased risk is mostly limited to the first three weeks after the IUD is placed inside the uterus by a doctor.

How can I reduce my risk of getting PID?

The only way to avoid STDs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting PID:

- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results;
- Using latex condoms [the right way](#) every time you have sex.

How do I know if I have PID?

There are no tests for PID. A diagnosis is usually based on a combination of your medical history, physical exam, and other test results. You may not realize you have PID because your symptoms may be mild, or you may not experience any symptoms. However, if you do have symptoms, you may notice

- Pain in your lower abdomen;
- Fever;
- An unusual discharge with a bad odor from your vagina;
- Pain and/or bleeding when you have sex;
- Burning sensation when you urinate; or
- Bleeding between periods.

You should

- Be examined by your doctor if you notice any of these symptoms;
- Promptly see a doctor if you think you or your sex partner(s) have or were exposed to an STD;
- Promptly see a doctor if you have any genital symptoms such as an unusual sore, a smelly discharge, burning when peeing, or bleeding between periods;
- Get a test for chlamydia and gonorrhea every year if you are sexually active and younger than 25 years of age.
- Have an honest and open talk with your health care provider if you are sexually active and ask whether you should be tested for other STDs.

Can PID be cured?

Yes, if PID is diagnosed early, it can be treated. However, treatment won't undo any damage that has already happened to your reproductive system. The longer you wait to get treated, the more likely it is that you will have complications from PID. While taking antibiotics, your symptoms may go away before the infection is cured. Even if symptoms go away, you should finish taking all of your medicine. Be sure to tell your recent sex partner(s), so they can get tested and treated for STDs, too. It is also very important that you and your partner both finish your

treatment before having any kind of sex so that you don't re-infect each other.

You can get PID again if you get infected with an STD again. Also, if you have had PID before, you have a higher chance of getting it again.

What happens if I don't get treated?


If diagnosed and treated early, the complications of PID can be prevented. Some of the complications of PID are

- Formation of scar tissue both outside and inside the fallopian tubes that can lead to tubal blockage;
- Ectopic pregnancy (pregnancy outside the womb);
- Infertility (inability to get pregnant);
- Long-term pelvic/abdominal pain.

Sources

American College of Obstetricians and Gynecologists (ACOG). Pelvic Inflammatory Disease. ACOG Patient Education Pamphlet, 1999.

Westrom L and Eschenbach D. In: K. Holmes, P. Sparling, P. Mardh et al (eds). Sexually Transmitted Diseases, 3rd Edition. New York: McGraw-Hill, 1999, 783-809.

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