**PID**

**Definition:** Pelvic inflammatory disease is an inflammatory disease of the pelvic cavity that may begin with cervicitis and involve organs such as the uterus and fallopian tubes, peritoneal tubules, and pelvic vascular system. The term PID usually means an ascending infection that affects the endometrium or fallopian tubes. Gonorrhea and chlamydia are common causes of pelvic inflammation.

Sexual contact is mostly the cause of Pelvic infections, but Pelvic infections may be due to invasive surgical procedures such as endometrial biopsy, abortion, or hysteroscopy.

**Underlying factors**
- Early sexual intercourse
- Too much intercourse
- Not using condoms
- Sexual intercourse with sexually transmitted disease partners, having a history of pelvic infections in past
- Low level of health
- Addiction

**Clinical symptoms**
Symptoms of a pelvic infection are usually caused by abnormal vaginal secretions and pain during intercourse. Other symptoms include lower abdominal pain in the pelvis and tenderness, especially after menstrual bleeding, and usually worsen when urinating and defecating. Other symptoms of an infection include fever, general malaise, anorexia, headache, and nausea and vomiting.

**Prevention**
The most effective way to prevent pelvic inflammatory disease is to prevent sexually transmitted diseases. Women at high risk for pelvic inflammatory disease should have regular checkups, and it is important to make sure the patient's partner is tested and treated for a sexually transmitted disease. This will help prevent recurrence of pelvic inflammatory disease and sexually transmitted diseases.

**Diagnosis**
- Hypersensitivity in the lower abdomen and sensitivity to cervical movements
- Fever above 38.3 °C
- Blood test for the presence or absence of infection
- Pelvic ultrasound to check the size of the fallopian tubes or the presence of a pelvic abscess
- Endometrial biopsy
- Laparoscopy is performed to diagnose the infection

**Complications**
Pelvic or generalized peritonitis, abscess and stenosis and obstruction of the fallopian tubes, infertility, and recurrent pelvic pain may occur.
Adhesion is another complication that is relatively common and often causes chronic pelvic pain. Other complications include bacteremia, infectious shock, thrombophlebitis, and the possibility of embolism.

Medical measures

To treat infection, broad-spectrum antibiotics, usually a combination of ceftriaxone, azithromycin, or doxycycline, are prescribed.

The patient's spouse should also be treated to prevent transmission of the infection.

Nursing measures

In hospitalized patients, the position is half-sitting in the bed to facilitate secretions. Accurate recording of vital signs, extent and characteristics of vaginal secretions is a guide to treatment.

Safely warming the abdomen relieves pain and comforts the patient.

The nurse prevents the spread of infection by observing hygienic principles and washing hands before and after contact.

If you have any questions or ambiguities, call the following number:

023-33460066, Gynecological surgery of Amir-al-Momenin Hospital