

# SEXUAL HEALTH

## Acute pelvic pain

History and bimanual examination  
 +/- pregnancy test +/- urine dipstick

### Clinical features suggestive of PID

- bilateral lower abdominal tenderness
- abnormal vaginal or cervical discharge
- fever (greater than 38°C)
- abnormal vaginal bleeding
- deep dyspareunia
- cervical motion tenderness on bimanual vaginal examination
- adnexal tenderness on bimanual vaginal examination (with or without a palpable mass)

### If clinical features not suggestive of PID

- Consider
- ectopic pregnancy
  - acute appendicitis
  - endometriosis especially with recurrent episodes
  - irritable bowel syndrome (and, less commonly, other gastrointestinal disorders)
  - complications of an ovarian cyst, such as rupture or torsion
  - urinary tract infection
  - functional pain (pain of unknown physical origin).

Systemically well

Endocervical swabs: Dual NAATS  
 (chlamydia & Gonorrhoea)

Empirical treatment (swabs can be negative)

- Doxycycline 100mg BD 2 weeks
- Metronidazole 400mg BD 2 weeks
- Plus if high risk Gonorrhoea (ie known contact) give Ceftriaxone 1g IM STAT

*Based on BASHH Guidelines*  
 Contact GUM for ABX advice if allergy

No sexual intercourse until review

Advise partner to GUM for screen & treatment

Systemically unwell

**ADMIT**

Review at 2 weeks  
 History  
 Repeat bimanual

Non-tender

Tender

Check partner screened and treated.  
 Abstain until 7/7 post treatment

Continue antibiotics and abstinence

**Refer to GUM**

[Any problems with contact tracing phone local GUM clinic](#)

References: 2010 UK national guideline for the management of Pelvic Inflammatory Disease  
 Updated: 09/15 & 04.19 Review Due: 04.21

Author: Integrated Sexual Health Service WSHT  
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 Others involved: Joint Referral Guidelines Group