

SAQ 5

A 32 yr old female presents to your Emergency Department complaining of lower abdominal pain and vaginal discharge. She is sexually active and uses an IUCD as contraception.

Clinical examination reveals diffuse lower abdominal tenderness without peritonitis and adnexal tenderness

Vital signs		Temp	36.6 °C
HR	85 bpm	Urinalysis	
BP	125 / 75	Leucocytes	++
RR	16	Blood	+
Sats	98 % (Room air)	Nitrites	-
		B-HCG	negative

a. List the three likely causative organisms (3 Marks)

Chlamydia trachomatis
Neisseria gonorrhoea
Mycoplasma genitalium
Gut coliforms
Ureaplasma
Anaerobic bacteria

From Therapeutic Guidelines Sexually Acquired PID & Emergency Medicine Manual , Dunn, 5th Ed. Vol 2 Pg 860

b. List four complications of P.I.D (4 Marks)

Infertility
Chronic pelvic pain
Ectopic

Chronic salpingitis
Pelvic adhesions
Fitz-Hugh-Curtis Syndrome
Tubo-ovarian abscess
Depression
Peritonitis / Sepsis

Taken from Emergency Medicine Manual , Dunn, 5th Ed. Vol 2 Pg 860

c. What is the recommend empirical antibiotic strategy for this patient (4 Marks)

1 Mark for each of:

*Ceftriaxone 500mg IM or IV single dose
Metronidazole 400mg po bd for 14 days
Azithromycin 1g po stat*

1 Mark for either of:

*Azithromycin 1g po 1 week after initial treatment
OR
Doxycycline 100mg po bd for 14 days*

For each mark all information - drug, dose, frequency and duration must be correct

From Therapeutic Guidelines Sexually Acquired PID

d. What other management consideration needs to be addressed (1 Mark)

1 Mark for:

Removal of IUCD

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