

PID Treatment
Recommended outpatient treatment regimens:

REGIMEN A:

Table with 2 columns: Regimen A options. Rows include: 1. Ceftriaxone 250 mg IM one dose + doxycycline 100 mg PO bid for 14 days OR 2. Cefoxitin 2 g IM + probenecid 1 g PO in a single dose concurrently once + doxycycline 100 mg PO bid for 14 days OR 3. Other parenteral third-generation cephalosporin (e.g., ceftizoxime or cefotaxime) + doxycycline 100 mg PO bid for 14 days PLUS 4. Many authorities recommend the addition of metronidazole 500 mg PO bid for 14 days to this regime for additional anaerobic coverage and the treatment of bacterial vaginosis

REGIMEN B:

Table with 2 columns: Regimen B options. Rows include: 1. Ofloxacin 400 mg PO bid for 14 days ± metronidazole 500 mg PO bid for 14 days OR 2. Levofloxacin 500 mg PO qd ± metronidazole 500 mg PO bid for 14 days. Notes: - Metronidazole is added to provide anaerobic coverage. - Preliminary data suggest that oral levofloxacin is as effective as oral ofloxacin, with the advantage of once-daily dosing

PARENTERAL TREATMENT REGIMENS:

Table with 2 columns: Parenteral treatment regimens. Row 1: see Canadian Guidelines on STIs, 2008 edition, PID chapter, page 6.

All medications in green may be ordered free of charge for your office from Simcoe Muskoka District Health Unit.

Special Considerations

Pregnancy

- PID is uncommon in pregnancy, especially after the first trimester.
- Pregnant patients with suspected PID should be hospitalized for evaluation and treatment with parenteral therapy because of an increased risk of adverse outcomes for both the mother and the pregnancy.
- There is a large differential diagnosis of acute abdominal pain in pregnancy, and consultation with an expert should be sought.
- The use of ofloxacin, ciprofloxacin, Levofloxacin and doxycycline is contraindicated for pregnant and lactating women. Pregnant women should not be treated with quinolones or tetracyclines.

HIV infection

- HIV-positive women with PID may represent a subgroup of patients with a more difficult clinical course.
- Some studies have suggested that HIV-positive women with PID have longer hospital stays and are at higher risk for the development of tubo-ovarian abscesses and are more likely to require surgical intervention.
- These women should be followed closely and managed aggressively, and consideration should be given to hospitalization.
- Consultation with a colleague experienced in HIV care is recommended.

Adolescents

- Consideration should be given to hospitalization for adolescents with suspected PID if compliance is expected to be an issue.

Patients with an intrauterine contraceptive device in situ

- In patients with an intrauterine device (IUD) in situ, the device should not be removed until after therapy has been initiated and at least two doses of antibiotics have been given