Pelvic Inflammatory Disease (PID)
TEST QUESTIONS

1. In the United States the number of overall hospitalized cases of PID is decreasing. What is the most likely reason for this decrease?
   a. Decrease in reporting of PID
   b. Increase in prevention messages
   c. Increase in outpatient treatment of PID
   d. Decreased incidence of STDs

2. PID is associated with ascending spread of microorganisms to the upper genital tract. The fate of these organisms depends on all of the following factors except:
   a. Pathogenicity of organisms
   b. Host defense mechanisms
   c. Length of vagina
   d. Viability of organisms

3. All of the following are risk factors associated with PID except:
   a. Adolescence
   b. Number of past pregnancies
   c. Douching
   d. History of having an STD

4. Douching increases the risk of PID by all of the following mechanisms except:
   a. Vaginal flora changes
   b. Cervical ectopy
   c. Epithelial damage
   d. Disruption of cervical mucous barrier

5. The most common etiologic agent associated with PID is:
   a. *N. gonorrhoeae*
   b. *C. trachomatis*
   c. Mycoplasma
   d. PID is usually polymicrobial

6. The most common clinical presentation of PID is:
   a. Severe pain
   b. No pain
   c. Profuse vaginal discharge
   d. Fever, chills, and cramping

7. All of the following are potential sequelae of untreated PID except:
   a. Ectopic pregnancy
   b. Tubal infertility
c. Chronic pelvic pain  
d. Decreased ovulation  

8. The majority of cases of PID are:  
a. Symptomatic with moderate symptomatology  
b. Symptomatic with severe symptomatology  
c. Caused by a single organism  
d. Subclinical or asymptomatic  

9. What is the most sensitive sign of upper genital tract infection?  
a. Cervical motion tenderness  
b. Abdominal pain  
c. Fever  
d. Adnexal tenderness  

10. Which of the following statements about PID is true?  
a. It is a preventable cause of tubal factor infertility.  
b. It is an infection of the lower reproductive tract.  
c. Clinicians should “under diagnose” rather than “over diagnose” PID.  
d. Diagnosis of PID always requires hospitalization.  

11. CDC-recommended criteria for hospitalization of women with PID include all of the following except:  
a. Non-response to therapy  
b. Adolescence  
c. Tubo-ovarian abscess  
d. Pregnancy  

12. CDC recommends empiric treatment for PID if which of these criteria are present?  
a. Bloody discharge and fever  
b. Uterine or adnexal tenderness or cervical motion tenderness  
c. Fever and supra pubic pain  
d. WBCs and clue cells on wet prep examination  

13. The CDC recommendation for parenteral treatment of PID includes a cephalosporin plus which of the following?  
a. Clindamycin  
b. Metronidazole  
c. Doxycycline  
d. Ofloxacin  

14. Which of the following is included in the CDC-recommended oral treatment regimens for PID?  
a. Azithromycin 500 mg once  
b. Doxycycline 100 mg two times a day for 10 days
c. Doxycycline 100 mg two times a day for 14 days  
d. Metronidazole 2 g once

15. After completion of parenteral therapy for PID, one should continue oral therapy to complete a total of _____ days of therapy?
   a. 7  
   b. 14  
   c. 21  
   d. 28

16. PID prevention strategies include which of the following?
   a. Chlamydia screening of all sexually active women ages 25 and under on an annual basis  
   b. Screening and treating women with bacterial vaginosis prior to surgical abortion or hysterectomy  
   c. Encouraging abstinence, monogamy with an uninfected partner, condom use, and limiting number of sex partners  
   d. A and C

17. Patient education regarding PID should include which of the following messages?
   a. PID may be silent or have moderate to severe symptoms.  
   b. Consequences of PID may include ectopic pregnancy, infertility, and pelvic pain.  
   c. Having a history of PID increases the risk for a subsequent episode of PID.  
   d. All of the above.

18. Management of sex partners of women with PID includes which of the following strategies?
   a. Partners should be examined and treated if they had sexual contact with the patient during the 60 days preceding onset of her symptoms.  
   b. Only partners who are symptomatic and who are current partners should be treated.  
   c. Partners do not need to be treated if they were not the last reported sex partner of the patient.  
   d. All partners should be treated for chlamydia only.

19. Which of the following statements is true?
   a. PID reporting is mandated in all states.  
   b. Routine screening for C. trachomatis is not recommended.  
   c. Latex condoms can reduce the risk of transmission of gonorrhea and chlamydia.  
   d. The sequelae of PID may include chronic neurologic symptoms.