

## **A case report of female with Pelvic inflammatory disease and cervical polyp**

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### **Abstract**

**Introduction:** Pelvic inflammatory disease (P.I.D.) is an infection related to inflammation of the upper vaginal canal that affects women. The uterus, Fallopian tubes, and ovaries may be affected by this condition. It's usually an ascending infection that starts in the lower genital tract and works its way up. In most cases, P.I.D. is caused by a sexually transmitted disease.

**The main diagnosis, Therapeutic intervention and Outcome:** With a cervical polyp physical examination, a per vaginal examination, and a urine test, the doctor was able to identify the pelvic inflammatory illness. The doctor prescribed antibiotics, analgesics, and penicillin to treat the infection.

**Therapeutic intervention:** Antibiotics, such as Inj. Cefotaxime 1gm B.D., Inj. Pan 40mg B.D., Inj. Augmentin 625mg B.D., intravenous fluids, and salpingectomy were given to my patient.

**Outcomes:** The patient recovered from his previous ailment following the therapeutic and surgical procedures.

**Perspective from the nursing profession:** I double-checked the vital sign. The drug was administered via the proper method and at the appropriate time. Prepare the patient for physical therapy. The patient was given psychological support. Keep track of your intake and outflow. Following that, health education was provided.

**Conclusion:** With a cervical polyp physical examination, a per vaginal examination, and a urine test, the doctor could identify the pelvic inflammatory illness. The doctor prescribed antibiotics, analgesics, and penicillin to treat the infection. My patient was given antibiotics, such as Inj. Cefotaxime 1gm B.D., Inj. Pan 40mg B.D., and Inj. Augmentin 625mg B.D., intravenous fluids, and salpingectomy. Following the medicine and surgical procedures, my patient has recovered from his previous ailment. To minimize P.I.D. Prevalence and improved outcomes for affected women, new evidence-based clinical and public health measures are required. We offer cost-effective solutions that may be applied in real-life scenarios.

**Keywords:** Pelvic Inflammatory Disease, Chlamydia, Gonorrhoea, Mycobacterium.

### **Introduction:**

Pelvic inflammatory disease (P.I.D.) affects women and is caused by an infection in the upper vaginal canal. The uterus, Fallopian tubes, and ovaries are all affected by this condition. It's usually an ascending infection that starts in the lower genital tract and moves up the body. In most cases, P.I.D. is brought on by a sexually transmitted disease.

(1)

Cervical, intestinal, bacterial vaginosis-associated and pulmonary infections may be caused by infections such as Mycobacterium tuberculosis. P.I.D. is a commonly misdiagnosed ailment that can manifest as an acute, chronic, or asymptomatic condition. P.I.D. is an often misdiagnosed illness that might seem like an acute, chronic, or asymptomatic disorder. If left untreated, P.I.D. can lead to infertility, ectopic pregnancy, and intra-abdominal infections. If they have unexplained lower abdominal or pelvic pain, as well as cervical mobility, uterine or adnexal soreness, sexually active young women or women at risk for sexually transmitted infections should seek empiric treatment. (2)

Pelvic inflammatory disease (P.I.D.) is a common condition. At some point in their lives, one out of seven women will be diagnosed with P.I.D. This illness affects over one million women each year. P.I.D. Affects about 1% of women aged 15 to 25. P.I.D., according to Curtis et al., is a significant source of morbidity, resulting in over 1

million clinic visits and 342,000 emergency room visits per year. Every year, thousands of women in the United States are admitted to hospitals and undergo surgery due to a P.I.D. diagnosis. (3)

Pelvic inflammatory illness is more common in women under the age of 35. Before menarche, during menopause, and during pregnancy, it is infrequent. There are several risk factors to think about. P.I.D. has been around for a long time. You should see a doctor if you have bacterial vaginosis or any sexually transmitted infection. Other risk factors for gonorrhoea or chlamydial P.I.D., particularly for gonorrhoea or chlamydial P.I.D., include the Younger age group. A group of people who do not belong to the white race is known as the non-white race. In terms of the economy, there are certain drawbacks. It's essential to be mindful of multiple or new sexual partners and a partner who doesn't use a condom. Douching. (4)

P.I.D. is commonly misdiagnosed because of the wide range and severity of symptoms. Patients may or may not show any signs or symptoms. Many women with tubal factor infertility have histologic evidence of P.I.D. Despite never being diagnosed. The most prevalent characteristic of P.I.D. is the onset of lower abdominal or pelvic pain in a sexually active woman.<sup>8</sup> Minor symptoms include mild bilateral lower belly pain that intensifies with coitus, abnormal uterine bleeding, increased urine frequency, dysuria, or abnormal vaginal discharge.(5)

As a prophylactic step, it is recommended that you test for sexually transmitted illnesses regularly. The following factors may reduce your risk of acquiring pelvic inflammatory disease: Using barrier devices such as condoms; see human sexual behaviour for more details. You should see a doctor if you develop P.I.D. Symptoms.By increasing the cervical mucosal barrier and limiting pathogenic organism ascent from the lower vaginal canal, hormonal combination contraceptive tablets aid in diminishing the prevalence of P.I.D. Getting medical help after learning that a current or former sexual partner has or might have had a sexually transmitted infection.Obtaining your present partner's S.T.I. history requires testing and treatment before sexual activity. To ensure that the cervix recovers after a pregnancy (birth, miscarriage, or abortion) or certain gynaecological surgeries, care should be made to limit vaginal activity, particularly intercourse. The number of sexual partners is diminishing. Monogamy is a sexual term. Abstinence (6)

**Timeline:-**For one year, the patient has been admitted to TERTIARY CARE Hospital with the primary complaint of abdominal pain and acidity.

### **Patient information**

**Patient-specific information:** The patient had been admitted to Tertiary Care Hospital with a primary complaint of abdominal pain for the last year and acidity for the past month. L.S.C.S. was performed on the patient's past medical history in 2018. There are no other diseases such as diabetes, thyroid illness, or hypertension. The patient's previous surgical history includes an L.S.C.S. procedure performed in 2018. There are no other diseases such as diabetes, thyroid illness, or hypertension. U.S.G. was used to diagnose the patient, and blood and urine tests were performed. L.S.C.S. has been completed. Given medication, such as a tab metro, tab pan, tab. Cefotaxime, Tab.Augmentin and the patient recover from their previous surgical history and follow the doctor's prescriptions for medication and regular checkups. There is no family history or psychosocial history of hypertension, diabetes mellitus, or coronary artery disease in the family, psychosocial.

**Medical, family and psychosocial history:** L.S.C.S. was performed on the patient's past medical history in 2018. There are no other diseases such as diabetes, thyroid illness, or hypertension. The patient's previous surgical history includes an L.S.C.S. procedure performed in 2018. There are no other diseases such as diabetes, thyroid illness, or hypertension. U.S.G. was used to diagnose the patient, and blood and urine tests were performed. L.S.C.S. has been completed. Given medication, such as a tab metro, tab pan, tab. Cefotaxime, Tab. Augmentin and the patient are recovering from previous surgical history and follow the doctor's prescriptions for medication and regular checkups.

**Family and psychosocial history:**There is no family history or psychosocial history of hypertension, diabetes mellitus, or coronary artery disease in the family, psychosocial.

**Relevant past investigation with outcomes:** The patient's previous surgical history includes an L.S.C.S. procedure performed in 2018. There are no other diseases such as diabetes, thyroid illness, or hypertension. U.S.G. was used to diagnose the patient, and blood and urine tests were performed. L.S.C.S. has been completed. Given medication, such as a tab metro, tab pan, tab. Cefotaxime, tab.Augmentin and the patient are recovering from previous surgical history and follow the doctor's prescriptions for medication and regular checkups.

### **Diagnostic assessment:**

- 1) **Blood test:-**When white blood cell (WBC) numbers are abnormal, they are helpful. Only 60% of patients with P.I.D. had an increased WBC count in their blood. E.S.R., a generic inflammatory marker, is high in PID.(7)
- 2) **Pelvic ultrasound:-**This is an imaging exam in which sound waves are used to make images of interior organs. (8)

3) **Ultrasound:**This provided a visual representation of inside organs.(9)

4) **Endometrial biopsy:** Doctor removed and analyses a small sample of uterine lining during this outpatient treatment. (10)

**Diagnostic challenges:**There were no diagnostic challenges for the patient, such as culture. They faced financial and testing concerns because they were from a middle-class family. As a result, the hospital management gave them information about government programmes and support.

**Diagnosis:**Pelvic inflammatory disease with the cervical polyp.

**Prognosis:**Before being admitted to TERTIARY CARE Hospital, the patient's condition was moderate.

**Therapeutic intervention:**Antibiotics, such as Inj.Cefotaxime 1gm B.D., Inj. Pan 40mg B.D., Inj.Augmentin 625mg B.D., intravenous fluids, and salpingectomy were given to my patient.

**Nursing perspective:** Checking vital sign. The drug was administered via the proper method and at the appropriate time. Prepare the patient for physical therapy. The patient was given psychological support. Keep track of your intake and outflow. Following that, health education was provided.

**Follow up and outcomes:** -After medical and surgical treatment, the patient recovered. Their main complaint had been abdominal pain for a year and acidity for a month. In addition, the patient continues to take the medication prescribed by the doctor and has regular checkups.

#### **Discussion:**

When cervicitis and lower genital tract infections are treated promptly and aggressively, P.I.D. is connected to a high prevalence of reproductive morbidity, which appears to be minimized. It's a clinical diagnosis, and doctors should be cautious when a reproductive-age woman complains of the stomach and pelvic pain. P.I.D. is frequently linked to sexually transmitted infections, but it now appears that vaginal anaerobes are also involved, and antibiotic treatment for these pathogens should be considered when treating women with severe symptoms or pelvic abscesses (11)

Despite the fact that an early and precise diagnosis might assist avert complications, physicians have a difficult time diagnosing people with P.I.D. Because of the wide range of clinical symptoms. Physicians must rely on foreign guidance in nations without epidemiological surveillance or clinical guidelines to help with patient identification and treatment. The current study is the first to look at how clinicians in Quito, Ecuador, identify and treat patients with P.I.D. and sexually transmitted illnesses including *C. trachomatis* and *N. Gonorrhoea* in a country where there is currently no public health initiative to address these issues. (12-15)

#### **Conclusion:**

Finally, pelvic inflammatory disease is a significant public health issue in both developed and developing countries. Because good statistics on illness prevalence are rare, P.I.D. is not a notifiable disease.

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