

CERVICITIS

- Dr.Sushma Sharma

Etiology

1. *C. trachomatis* (CT)
2. *N. gonorrhoeae* (NG)
3. Trichomoniasis (TV) and Bacterial vaginosis (BV)
4. *M. genitalium* and HSV-2.
5. Majority of cases: **no organism** is isolated.

Frequent douching

Persistent abnormality of vaginal flora

Chemical irritants

idiopathic inflammation of ectopy

Gonococcal cervicitis



Seattle STD/HIV Prevention Training Center
Source: Connie Celum, Walter Stamm

Mucopurulent cervicitis



Seattle STD/HIV Prevention Training Center

Source: Claire E. Stevens

Erosive cervicitis due to HSV infection

Symptoms

- Frequently is asymptomatic
- Abnormal vaginal discharge
- Intermenstrual vaginal bleeding
- Contact bleeding (after SI).

Signs

2 major

1) Mucopurulent **discharge**

in endocervical canal or
on an endocervical swab

2) Endocervical **bleeding** by passage of a cotton
swab.





Seattle STD/HIV Prevention Training Center

Source: University of Washington

**Mucopurulent cervicitis due to chlamydia:
ectopy, edema, and discharge**



Seattle STD/HIV Prevention Training Center
Source: Connie Celum, Walter Stamm

**Chlamydial cervicitis: ectopy, discharge,
bleeding.**



**Chlamydial cervicitis: mucopurulent cervical
discharge, erythema, and inflammation.**



Seattle STD/HIV Prevention Training Center
Source: Claire E. Stevens, Ronald E. Roddy

Mucopurulent discharge from cervix on a swab
(positive swab test)

Diagnosis

1. Assessment for **signs of PID**: {cervicitis might be a sign of endometritis}

2. **Direct microscopy**:

>10 WBC in vaginal fluid (in the absence of T.V.):
sensitive indicator of cervical inflammation caused by *C.T. or N.G.*, with a high negative predictive value.

3. **Gram stain**:

increased number of WBC

not available in the majority of clinics.

low PPV for infection with *C.T and N.G*

insensitive {observed in only 50%}.

3. Test for *C.T* and for *N.G*:

NAAT (nucleic acid amplification tests). on either cervical or urine samples *{the most sensitive and specific test}*

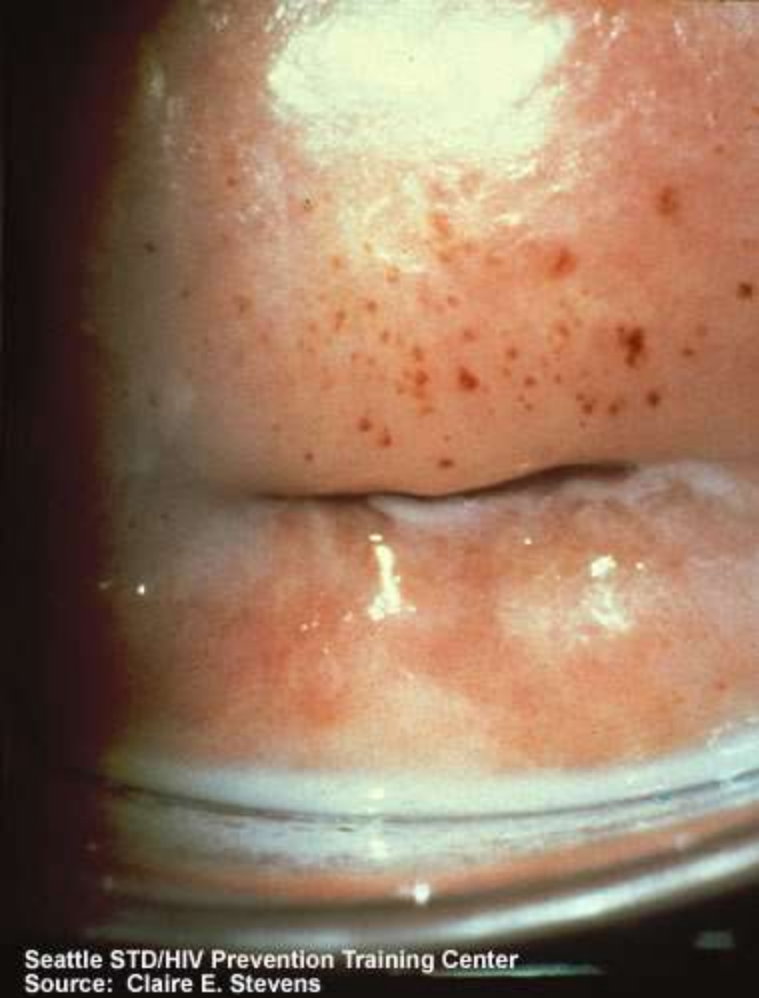
4. Test for BV and TV.

TV:

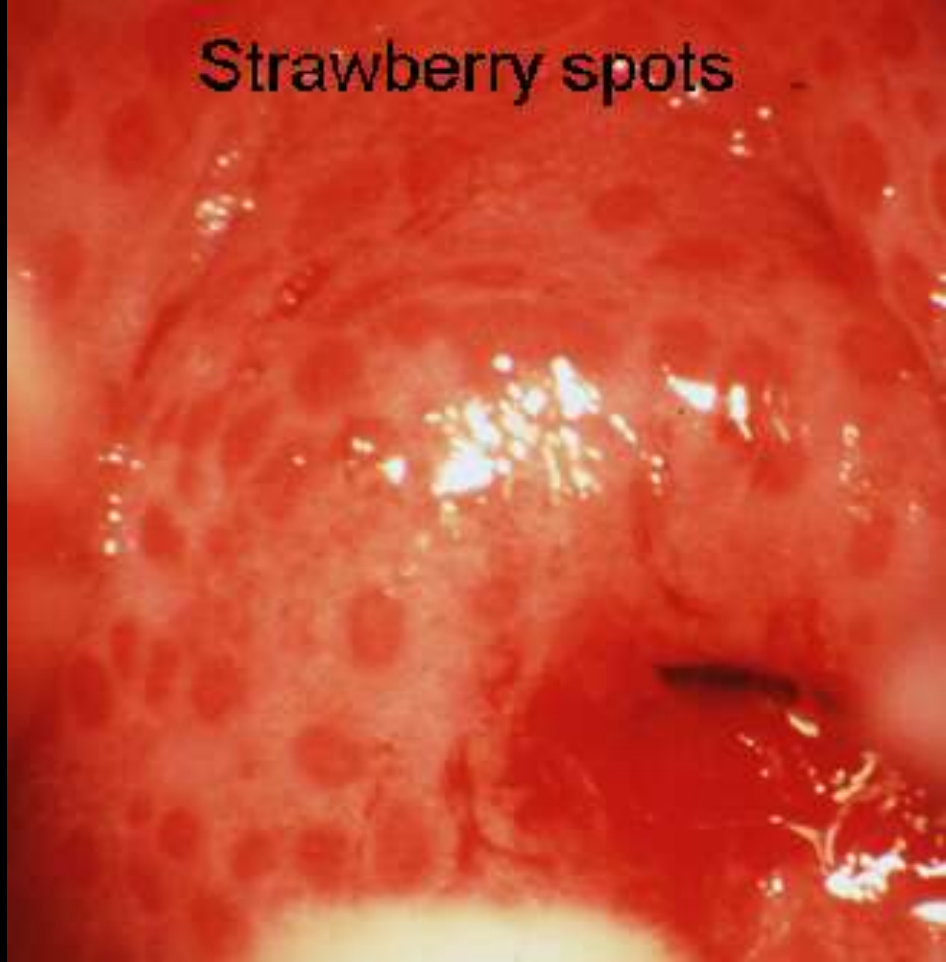
- Microscopy {sensitivity is low (50%)}
- Culture or antigen-based detection: if microscopy is negative



Purulent Vaginal Discharge in TV



Seattle STD/HIV Prevention Training Center
Source: Claire E. Stevens

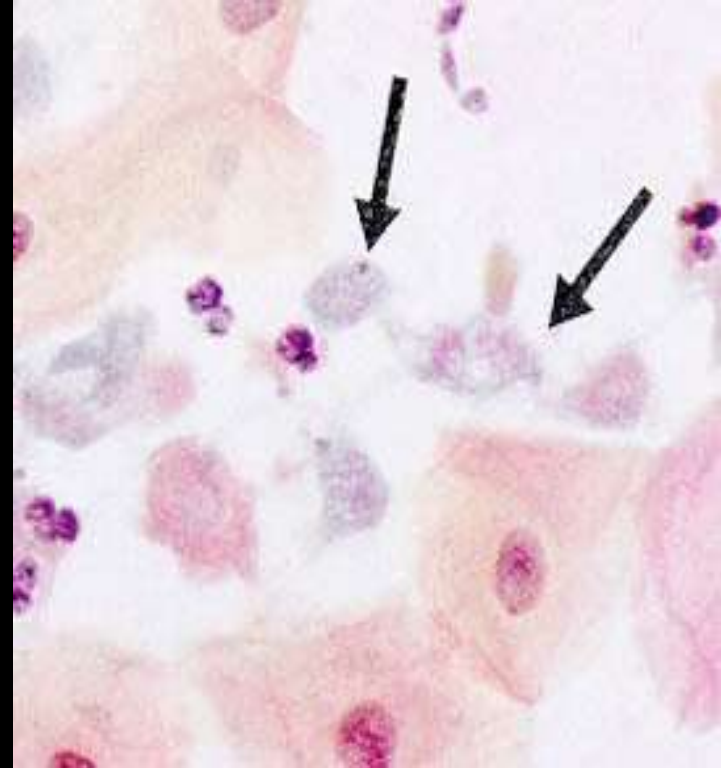


Strawberry spots

Strawberry" cervix due to T. V



Saline wet mount: 2 TV (arrows), leukocytes and a normal vaginal epithelial cell

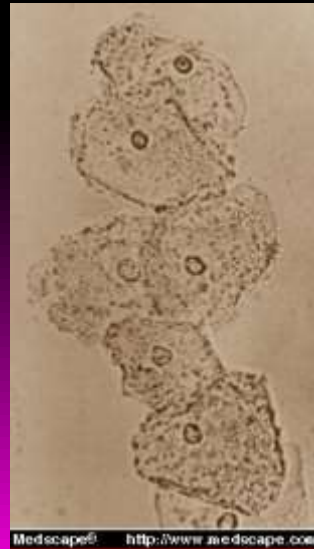
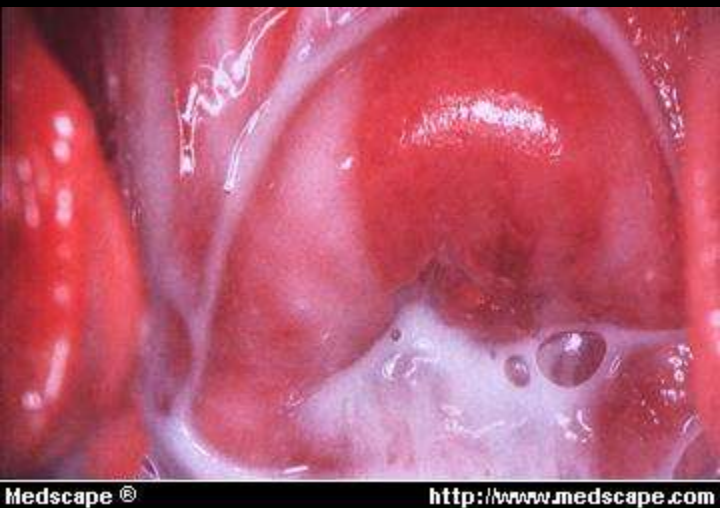


Pap smear: 70% sensitive in showing TV.

BV:

3 of the following S or S:

1. Homogeneous, thin, white discharge that smoothly coats the vaginal walls
2. Clue cells on microscopic examination
3. pH of vaginal fluid >4.5
4. Fishy odor of vaginal discharge before or after addition of 10% KOH (Whiff test).



5. Testing for **HSV-2** (culture or serologic testing):

value is unclear.

6. Tests for ***M. genitalium***:
not commercially available.

Treatment

1. *C.T.*:

- a. increased risk for STD (age <25 years, new or multiple sex partners, and unprotected sex)
- b. follow-up cannot be ensured
- c. insensitive diagnostic test (not a NAAT) is used.

2. Concurrent therapy for *N.G.*: if the prevalence is high (>5%).

3. *T.V.* or *BV*: if detected.

Recommended Regimens for Presumptive Treatment*

Azithromycin (*Zithromax*) **1 g orally in a single dose**

OR

Doxycycline 100 mg orally twice a day for 7 days

•Azithromycin (*Zithromax*) is safe and effective during pregnancy

Recommended Regimens of Uncomplicated Gonococcal Infections of the Cervix, Urethra, and Rectum

Ceftriaxone 125 mg IM in a single dose

OR

Cefixime 400 mg orally in a single dose

OR

Ciprofloxacin 500 mg orally in a single dose*

OR

Ofloxacin 400 mg orally in a single dose*

OR

Levofloxacin 250 mg orally in a single dose*

PLUS

TREATMENT FOR CHLAMYDIA IF CHLAMYDIAL INFECTION IS NOT RULED OUT

BV:

Recommended Regimens

Metronidazole 500 mg orally twice a day for 7 days

OR

Metronidazole gel, 0.75%, one full applicator (5 g) intravaginally, once a day for 5 days

OR

Clindamycin cream, 2%, one full applicator (5 g) intravaginally at bedtime for 7 days

Alternative Regimens

Clindamycin 300 mg orally twice a day for 7 days

OR

Clindamycin ovules 100 g intravaginally once at bedtime for 3 days

Routine treatment of sex partners is not recommended.

TV:

Recommended Regimens

Metronidazole 2 g orally in a single dose

OR

Tinidazole 2 g orally in a single dose

Alternative Regimen

Metronidazole 500 mg orally twice a day for 7 days

Sex partners: *should be treated.*

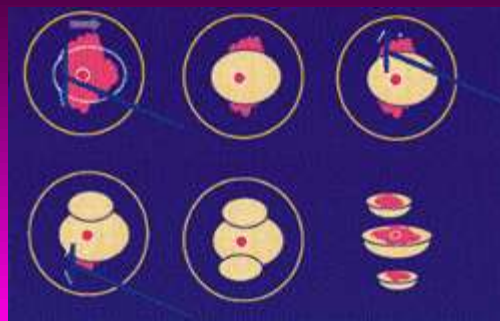
Recurrent and Persistent Cervicitis

- 1. Exclude relapse and/or reinfection with a specific **STD***
- 2. Exclude **BV***
- 3. Sex partners: evaluated and treated*
- 4. **Repeated or prolonged** administration of antibiotic therapy.*
- 5. **Ablative or superficial excisional therapy***



BEFORE SURGERY

IN SURGERY



Follow-Up

- *As recommended for each infections*
- *If symptoms persist, women should be instructed to return for reevaluation.*

Management of Sex Partners

1. Examination.

2. Avoid SI {avoid re-infection}

until therapy is completed

(7 days after a single-dose regimen or after completion of a 7-day regimen).

Thank You