**Teaching to the Texts**

**Te Linde’s Chapter 30: Pelvic Inflammatory Disease**

CREOG Educational Objectives

1. For the following presenting conditions, perform pertinent history and evaluation, including diagnostic procedures, consult subspecialists when appropriate, counsel, and manage medically and surgically:
   1. Pelvic masses, including tubo-ovarian abscess
   2. Pelvic inflammatory disease

Practice Questions

1. A 22-year-old woman is admitted for inpatient treatment of a tubo-ovarian abscess. On her third day of treatment with clindamycin, ampicillin, and gentamicin, she reports pain that has not improved since she was admitted. Her current vital signs are temperature, 101.5°F; blood pressure reading, 120/80 mm Hg; pulse rate, 90/min; respiration rate, 20/min; and oxygen saturation, 99%. You are concerned that the abscess is not responding to her antibiotic therapy. Which of the following do you discuss with the patient as the next BEST step in management?
   1. Change antibiotic therapy to cefoxitin and doxycycline
   2. Consent and plan for image-guided drainage of abscess
   3. Consent and plan for laparoscopic removal of symptomatic mass
   4. Continue current management
   5. Order blood cultures and change antibiotic therapy if indicated

From: TrueLearn

1. A 19-year-old nulliparous woman presents to the emergency department for evaluation for acute abdominal pain. The patient states that her pain started in the suprapubic area last night, 1 week after intercourse, but now it is all over her abdomen. The patient states that she had a normal period last week. On examination, she is diaphoretic and has guarding of the lower abdomen. On speculum exam, you noted a frothy green cervical discharge. Her vital signs are temperature as follows: temperature: 101.5°F; blood pressure: 111/72 mm Hg; pulse rate: 92/min; and respiratory rate: 19/min. Pelvic ultrasonography shows dilated fallopian tubes bilaterally. Which of the following antibiotic regimens is the BEST choice?
   1. Clindamycin plus doxycycline
   2. Levofloxacin plus metronidazole
   3. Cefotetan plus doxycycline
   4. Ampicillin plus gentamicin

From: TrueLearn

1. A 29-year-old woman presents to your office with complaints of pelvic pain and abnormal discharge after having sexual intercourse with a new male partner 2 weeks ago. On examination, you note cervical motion tenderness. A urine pregnancy test is negative, and she is otherwise healthy and asymptomatic. What is the next BEST step in treatment?
   1. Inpatient cefoxitin and doxycycline
   2. Inpatient ceftriaxone and doxycycline
   3. Outpatient azithromycin
   4. Outpatient azithromycin and metronidazole
   5. Outpatient ceftriaxone and doxycycline

From: TrueLearn

High-Yield Associated Resources

1. Pearls of Exxcellence: [Management of Bilateral Tubo-Ovarian Abscesses in Young Nulligravida](https://www.exxcellence.org/list-of-pearls/management-of-bilateral-tubo-ovarian-abscesses-in-young-nulligravida/?categoryName=&searchTerms=pelvic+inflamma&featured=False&bookmarked=False&sortColumn=date&sortDirection=Descending)
2. CREOGs Over Coffee: Episode 23, Pelvic Inflammatory Disease
3. UpToDate: [Pelvic inflammatory disease: Clinical manifestations and diagnosis](https://www.uptodate.com/contents/pelvic-inflammatory-disease-clinical-manifestations-and-diagnosis?search=pelvic+inflammatory+disease&source=search_result&selectedTitle=2%7E150&usage_type=default&display_rank=2) , [Pelvic inflammatory disease: Treatment in adults and adolescents](https://www.uptodate.com/contents/pelvic-inflammatory-disease-treatment-in-adults-and-adolescents?search=pelvic+inflammatory+disease&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1)

Answers: 1-b, 2-c, 3-e