

**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.