

MICROBIOLOGY of acute PID

CITATION	STUDY DESIGN	STUDY POP/TYPE/SETTING	EXPOSURE/INTERVENTION	OUTCOME MEASURE	REPORTED FINDINGS	DESIGN ANALYSIS/QUALITY/BIASES	SUBJECTIVE QUALITY RATING
Wiesenfeld ISSTD 2013	RCT	USA- Pittsburgh Acute PID (enrollment ongoing) n=125	Acute PID MG: PCR Cx and uterus	Histologic endometritis (37%)	MG: 22%,CT: 14% GC: 7%,BV: 54% CT, GC, MG present in 30%, 17%, 30% of women with endometritis Cervical CT and NG indep assoc with endometritis (OR 6.4 & 9.6) Cervical MG NS trend with endometritis (OR 2.6) Endometrial MG in 20% of women with endometritis vs 6% controls (OR 4.0, 95% CI 1.2,13.5)	Prelim data Secondary aims PID confirmed by histologic endometritis Small number of histol-confirmed cases	Good
Bjartling BJOG 2009	Prospective	Sweden Abortion-seekers 2003-2007 N=219	Mycoplasma genitalium: cervix, urine or vagina- PCR	PID (record review)	MG+ 2.5% (52/2079) CT+ 2.8% (59/2079) PID in 10.8% (5/46) of MG+ vs. 2.4% (4/168) MG-/CT- (p<0.05) Independent assoc'n with PID post Tab	No GC testing Record review for outcomes	Fair
Oakeshott Clin Infect Dis 2010	Prospective observational	POPI Trial ≤ 27 y.o sexually active n=2378	MG- self-obtained vag swab by qPCR	PID- record review (Hagar's criteria)	PID (incident): MG+ 3.9% (3/77) MG- 1.7% (36/2169) RR 2.35 (0.74-7.46) CT+ 10%	Underpowered Clinical Dx of PID Record review Selection bias	Fair

CITATION	STUDY DESIGN	STUDY POP/TYPE/ SETTING	EXPOSURE/ INTERVENTION	OUTCOME MEASURE	REPORTED FINDINGS	DESIGN ANALYSIS/ QUALITY/BIASES	SUBJECTIVE QUALITY RATING
Maleckiene Int J Obstet Gynecol 2009	Cross-sectional	Lithuania N=73	Comparison of clinical and laparoscopic Dx of PID	Laparoscopic Dx PID	71% confirmed PID by laparoscopy CT+ 46% GC+ 27%	Microbiol methods not described Study dates not listed	Fair
Short Clin Infect Dis 2009	Cross-sectional	USA-PEACH N=722	Mycoplasma genitalium- PCR on stored samples- Cx and uterine	MG PCR Clinical presentation	MG+ vs GC+: <ul style="list-style-type: none"> • Decr inflamm markers (ESR, WBC, Temp), MPC, pain score MG+ vs CT+: <ul style="list-style-type: none"> • Similar 	Secondary analysis Well-characterized cohort	Good
Yassa ISSTD (abstract) 2011		Zambia Outpatient clinic- OBGYN	GC- Gram stain CT: "rapid test"	Clinical PID	GC+ 37% CT: 0	Poor microbiology methods	Poor
Burnett Am J Emerg Med 2012	Retrospective chart review	Emergency Dept USA (MN) N=343	GC/CT PCR- cervix, vagina or urine	PID Dx by ED staff	GC: 4.4% (15/343) CT: 10% (34/343) Co-infxn: 2.6% (9/343)	Retrospective Clinical criteria for PID not described	Fair

CITATION	STUDY DESIGN	STUDY POP/TYPE/ SETTING	EXPOSURE/ INTERVENTION	OUTCOME MEASURE	REPORTED FINDINGS	DESIGN ANALYSIS/ QUALITY/BIASES	SUBJECTIVE QUALITY RATING
Taylor-Robinson Int J STD AIDS 2012	Retrospective	England Pelvic pain- LS performed N=109	CT- D/I/F GC- culture MG- PCR Ureap urealyt- PCR	Salpingitis (LS)	Salpingitis by LS: Overall 20% (22/109) <ul style="list-style-type: none"> GC Cx: 27% (6) GC Ut: 9% (2) GC FT: 5% (1) CT Cx: 50% (11) CT Ut: 32% (7) CT FT: 23% (5) MG Cx: 9% (2) MG Ut: 5% (1) MG FT: 5% (1) MG Cx Control: 10% (5)	Old specimens MG from all sites rare (by PCR)	Fair
Svenstrup Fertil Steril 2008	Convenience sample	Denmark Infertile women Laparoscopy or culdoscopy 2002-2005 N=196	MG-immunblotting CT_ELISA (Medac)	TFI N=30	Antibodies: TFI Control MG 17% 4% CT 23% 15% MG antibodies independently assoc with PD	? performance of serology assays Visually confirmed salpingitis	Fair
Bjartling Am J Obstet Gynecol 2012	Case control	Sweden Emergency GYN outpatient service N=679 2003-2008	Clinical PID CT MG Cases: MG+ and CT+ Controls: MG- CT-	CT- Cx, urine or vag (NAAT) MG: PCR GC- not tested	MG+: 2.1% (116/5519) CT+: 2.8% (149/5519) PID Dx in: <ul style="list-style-type: none"> 4.9% of MG+ (4/81) 18.3% of CT+ (20/109) 0.6% controls (2/346) MG+: less severe sxs (sim to CT+)	Convenience sample No GC testing Medical record review Clinical Dx PID	Fair

CITATION	STUDY DESIGN	STUDY POP/TYPE/ SETTING	EXPOSURE/ INTERVENTION	OUTCOME MEASURE	REPORTED FINDINGS	DESIGN ANALYSIS/ QUALITY/BIASES	SUBJECTIVE QUALITY RATING
Wiesenfeld ISSTD 2009	Prospective	USA Women at-risk for PID (GC, CT, BV, contact to GC or CT) N=558		Endometritis (Subclinical PID) N=169	51% (22/43) MG+ had endometritis vs. 29% (147/515) MG- After controlling for GC and CT, cervical MG associated with subclinical PID (endometritis)- OR 2.4, 95% CI 1.3, 4.6)	Endometritis as outcome Asymptomatic women (not acute PID)	Fair