

Treatment of Acute PID

CITATION	STUDY DESIGN	STUDY POP/TYPE/SETTING	EXPOSURE/INTERVENTION	OUTCOME MEASURE	REPORTED FINDINGS	DESIGN ANALYSIS/QUALITY/BIASES	SUBJECT. QUALITY RATING
Judlin Eur J Obstet Gynecol Repro Bio 2009	Observational	FRANCE CDC criteria and leucorrhea or MPC N=40 Most mild PID 2006-2007 Outpatient (?)	ORAL REGIMEN: Levofloxacin 500 mg QD and Metronidazole 500 mg PO BID x 14 d Ceftriaxone 500 mg IM if GC +	Clinical cure: 2-7 d post-therapy and 4-6 weeks later	Evaluable: n=37 CT+ 14% (n=5) Clinical cure: 2-7d: 73% 4-6 wk: 100% (n=35) A/E's: 22.5%	Open label No comparison group Clinical criteria for PID No gonorrhea No long-term outcomes	Fair
Heystek Int J STD AIDS 2009	Prospective RCT	Multicenter: Europe, S. Africa, Peru, Australia, New Zealand ≥ 18 Inpatient or outpatient PID N=686 1997-1998	Moxifloxacin 400 mg PO QD x 14 d Vs Metronidazole 400 mg TID and Doxycycline 100 mg PO BID x 14 d AND Ciprofloxacin 500 mg PO x 1	Clinical Cure (2-14 d post Tx): ≥70% severity score Improvement: 30- 70% Failure: fever, WBCs or ≤ 30% Micro cure	CLINICAL CURE 2-14 d Per Protocol: Moxi: 81.5% Comp: 83.2% ITT 2-14 d: Moxi: 64.7% Comp: 65% CLINICAL SUCCESS 2-14 d Per Protocol: Moxi: 97% Comp: 98% ITT: Moxi: 77% Comp: 77% CLINICAL SUCCESS 21-35 d Per Protocol: Moxi: 94% Comp: 91% ITT: Moxi: 60% Comp: 59% MICRO RESPONSE: CT Eradication: Moxi: 95% 921/22)	Old study: 1997-1998 Laparoscopy in 23.5% GC: 10% CT: 10% Large numbers: ITT: 669 PP: 434 No long-term outcomes	Good

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					Comp: 90% (17/19) GC Eradication: Moxi: 92% (22/24) Comp: 90% (18/20) Adverse Events Similar but less GI in moxi than compar (29% vs. 46%)		
Judlin BJOG 2010	RCT MONALISA Study	Asia n= 463 ≥ 18 y.o. -Clinical PID plus at least temp, CRP, WBC, Lap'scope, MPC, recent GC/CT -Excluded TOA or complicated PID, HIV with CD4 < 200 or AIDS or ARV Tx 2007-2008	Moxifloxacin 400 mg PO QD x 14 d vs Levofloxacin 500 mg PO QD plus metronidazole 500 mg PO BID x 14 days. All GC + : Ceftriaxone 250 mg IM x 1 Outpatient or inpatient	Clinical cure: >70% reduction in score, nl temp and WBC Clinical improvement: 30-70% reduction in score Clinical Failure: < 30% reduction in score +/- temp or WBC Microbiologic cure	GC and CT in only 8% Mean age 35 y.o. <1% had temp ≥ 38. ⁰ > 50% had pain > 7 days CLINICAL CURE AT 7-14 d post Tx: PP: Moxi 78%, Lev/metr 82% ITT: Moxi 72%, Lev/Metr 74% MICRO CURE: MOXI: CT 8/8, GC 4/4 Lev/Metr: CT: 10/12, GC: 1/2	No long-term outcomes Few GC/CT + Very mild disease, more than half had pain >7d Ceftriaxone given to GC+	Good
Boothby Int J STD AIDS 2010	Retrospective review	United Kingdom Outpatient PID NON-GC 2005 and 2007	2005: Ofloxacin 400 mg bid and metronidazole 400 mg bid (n=134) 2007: moxifloxacin 400 mg qd (n=257)	Symptom improvement Side effects	SIGNIF IMPROVEMENT: 1. Oflox/Metro: 77% 2. Moxi: 70% Side Effects: 1. Oflox/Metro: 19% 2. Moxi: 16%	Retrospective GC excluded Retention: 60% No long-term outcomes	Fair

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Kaul J Ped Adol Gynecol 2008	Retrospective chart review	Adolescents 12-21 yo Bronx, NY Prior to 1998: 54 Post 1998: 91 CT: 20%, GC: 13% CT & GC: 5%	Hospitalization for acute PID- pre and post change in CDC recs from hospitalization of all adolescents (1998)	Reason for hospital admission following failure of outpatient treatment	-22% of admissions after 1998 were for failed outpt tx -Those failing outpt tx less likely to be considered "very ill"(temp, WBC, ESR) at time of dx -overall LOS shorter in pts admitted after failed outpt tx	Retrospective chart review Data from 1995-2000 No long-term outcomes	Fair
Trent Arch Pediatr Adol Med 2011	RCT	PEACH TRIAL- multicenter USA	Adolescents (n=209) vs Adults (n=622)	Health Outcomes: Recurrent STD 30 d Recurrent PID Chronic abd pain Infertility Pregnancy	GC/ CT incr adol (63% v 41%) Adolescents more likely to have pregnancy at 84 mos (72% v 53%) - No difference in infertility, CPP, recurrent PID	Secondary analysis Not controlled for contraceptive use, intent for pregnancy etc.	Good
Risser J Pediatr Adol Gynecol 2011 Letter to Editor		Harris County Juvenile Detention Ctr, TX 2008-2010 N=141	Ceftriaxone 250 mg IM and doxycycline 100 mg PO BID x 14 d Doxycycline given with crackers	Side effects of doxycycline	7% had "significant" (undef) GI side effects 39% required more than crackers to avoid GI side effects 61% had no problems		Poor