

EP13.44 The Accuracy of Ultrasound in Detection Pelvic inflammatory disease Sequelae - our experience

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Introduction

Pelvic inflammatory disease (PID) is a frequent gynecological pathology that affects women at different ages. The ethiological agents different types of bacterias that can be identified in the acute episode of the disease or not. The objective of the present study was to reveal the ultrasound characteristic of severe pelvic inflammatory disease that imposed surgical intervention in our department.

Material and methods

A retrospective study was performed between 2023-2025 in Saint John Hospital, Bucur, Maternity and included the patients who were diagnosed with pelvic inflammatory disease acute or chronic and were treated with laparoscopy or laparotomy and evaluated ultrasonographic before intervention.

Results

The present study included 136 women with the diagnosis of chronic PID. A percentage of 36.2% were admitted for acute symptoms such as fever, pelvic pain and vaginal discharge.

The initial treatment was triple antibiotics, but in 9 cases the severe symptom-imposed emergency surgical interventions. Most interventions were laparoscopies in 63.5% cases, after the treatment of acute symptoms (Figure 1). We performed laparoscopic salpingectomy in 74.6% cases, and we identified Fitz-Hugh-Curtis Syndrome in 4 cases (Figure 2). There was an emergency adnexectomy in a septic patient. The correlation between ultrasound preoperative evaluation and intraoperative view was in 97.5% for hydrosalpinx, 86.3% for pyosalpinx (Figure 3) and 94.3% for tubo-ovarian abscess (Figure 4).

Conclusion

Pelvic inflammatory disease is a pathology with therapeutich challenges in our clinic. The ultrasound evaluation is the gold standard for diagnosis of chronic disease sechealae and complications in acute cases. .

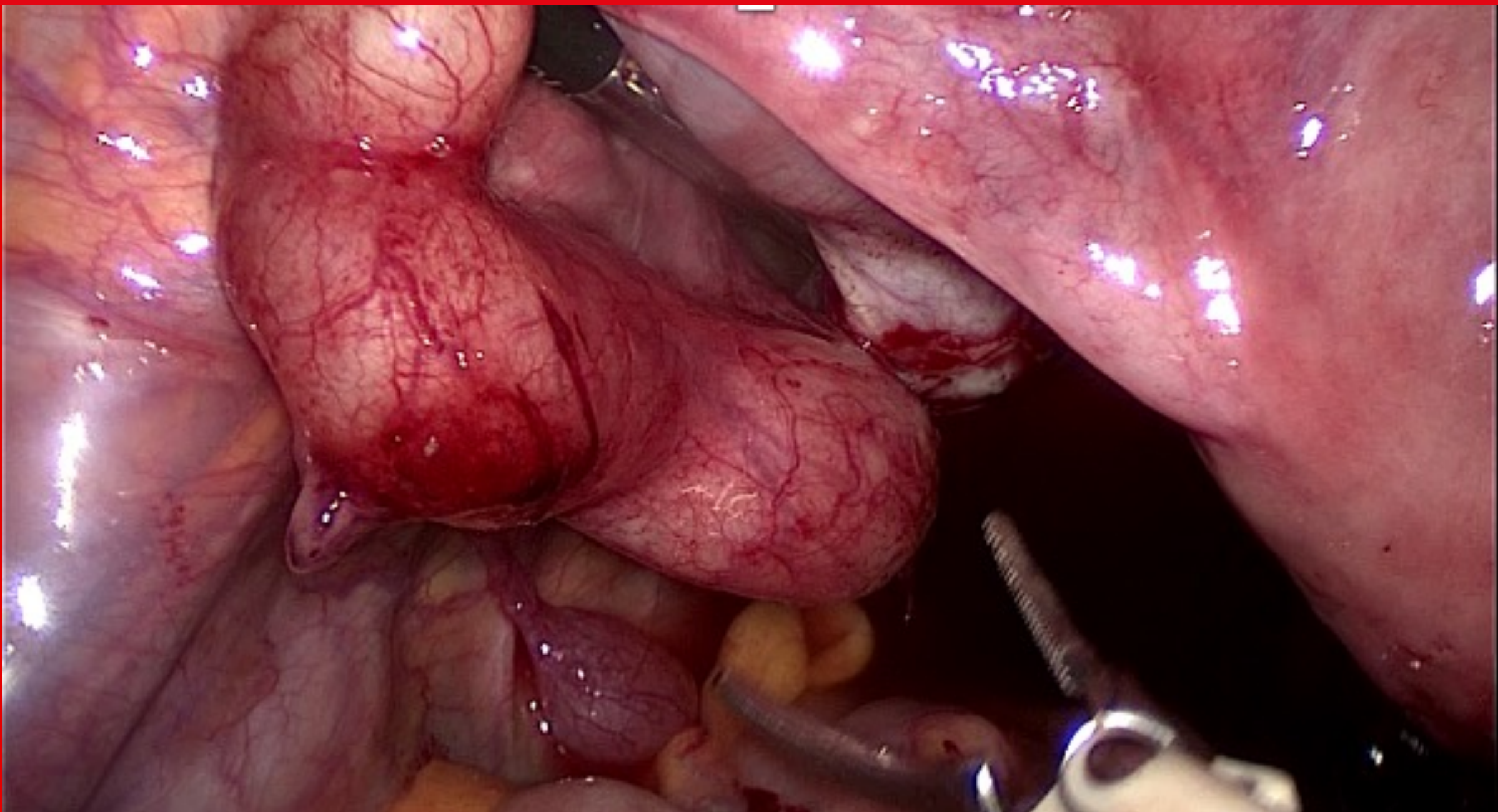


Figure 1. “Acute salpingitis (note the edema, erythema and exsudate of the Fallopian tube)”

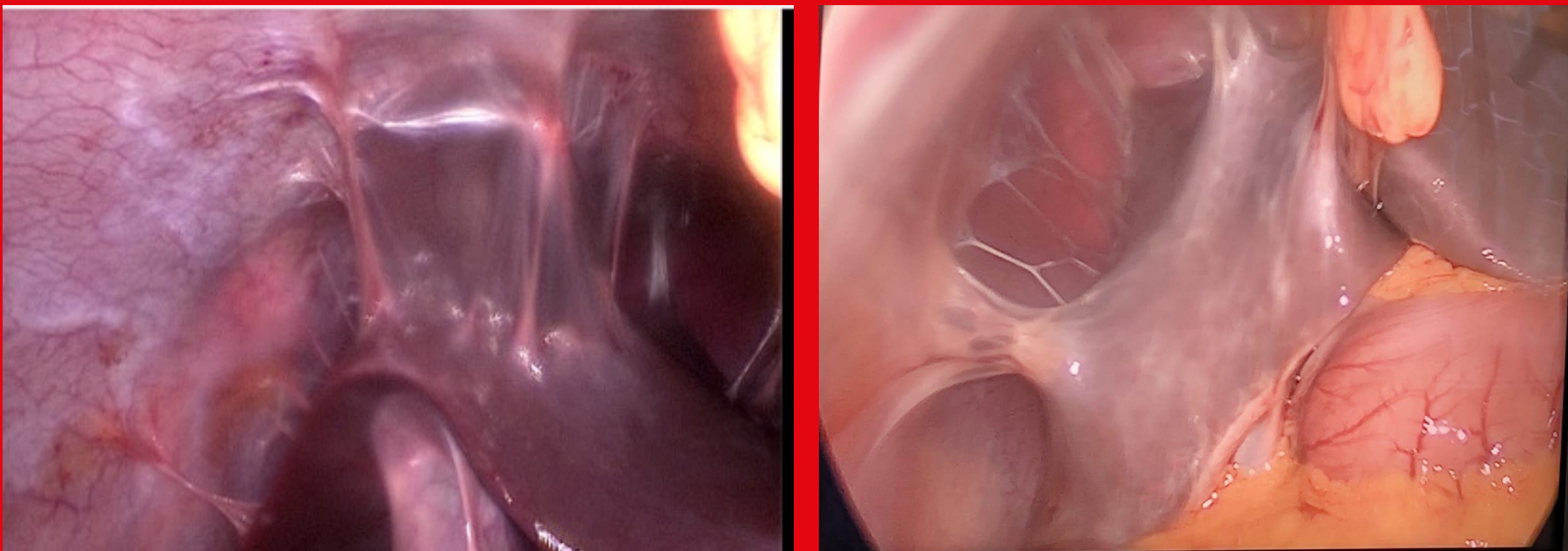


Figure 2. Perihepatic adhesions in PID - Fitz-Hugh-Curtis syndrome

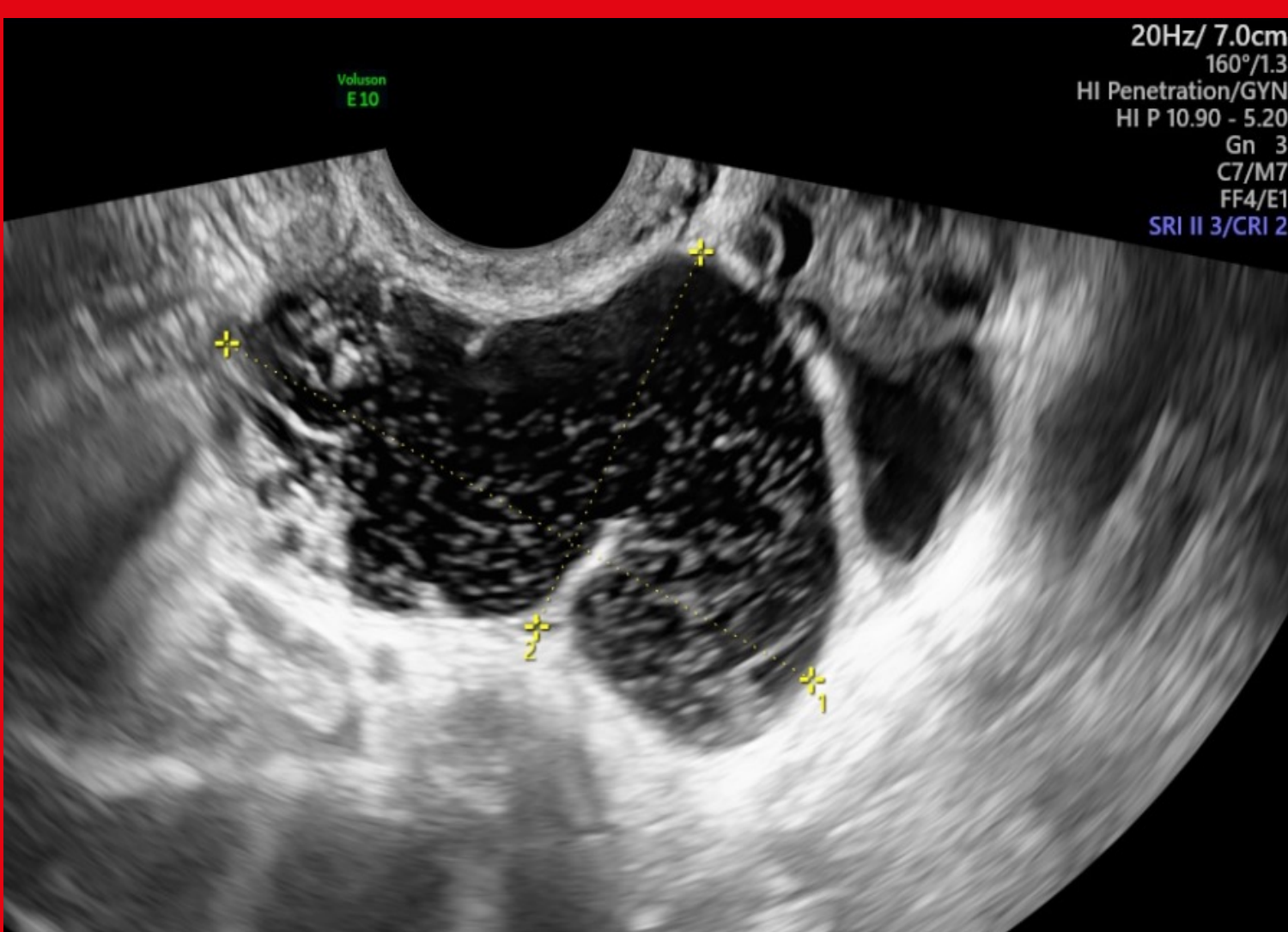


Figure 3. Pyosalpinx

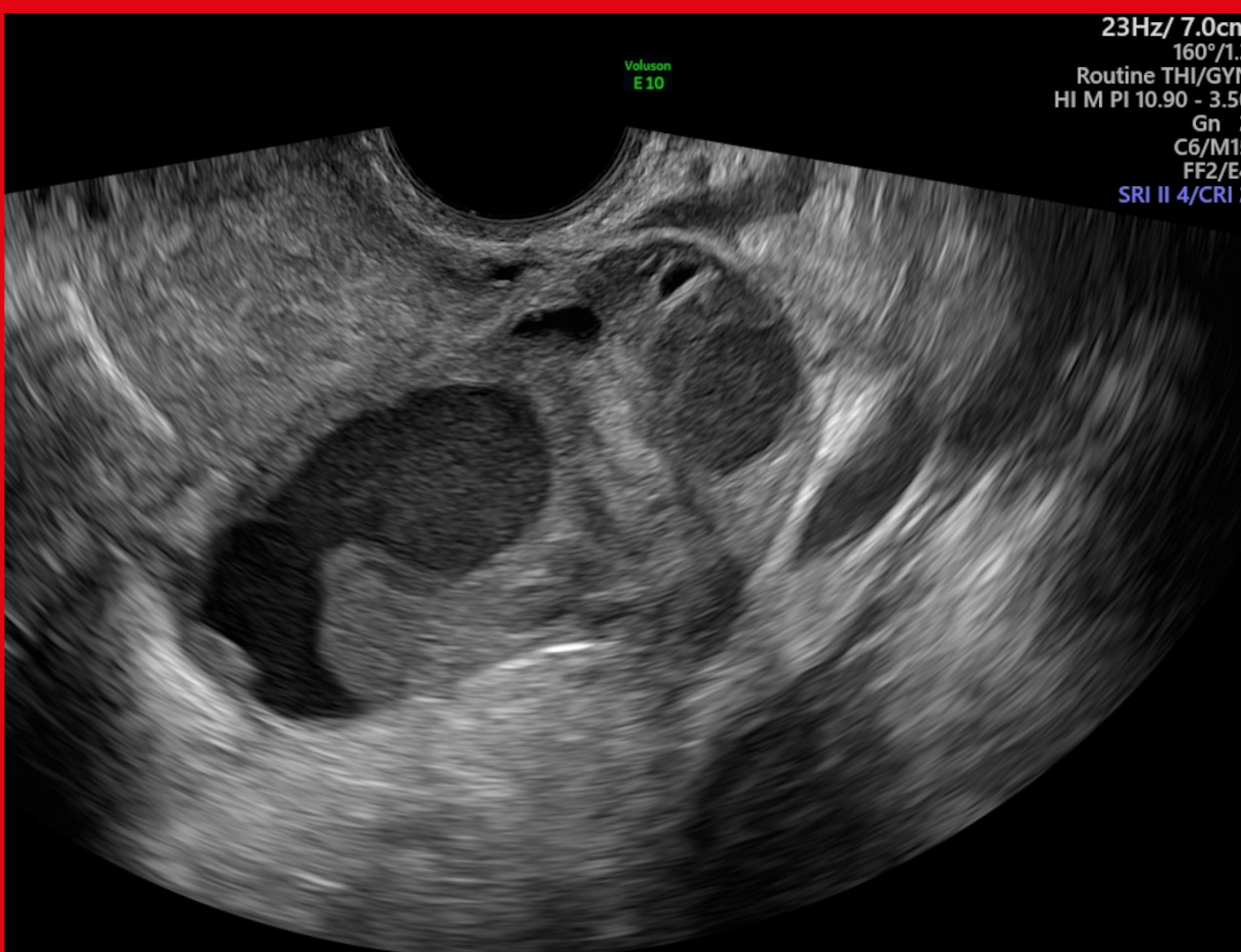


Figure 4. Tubo-ovarian abscess