Cervical Cancer and Pelvic Inflammatory Disease (PID)

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Cervical Cancer is the only cancer known to be exclusively caused by a common virus, the Human Papillomavirus (HPV). Nearly 4,000 women in America die of cervical cancer every year. An estimated 11,000 new cases will be diagnosed in the United States during 2010. (NCCC 2010)

Cervical cancer is cancer that starts in the cervix, the lower part of the uterus (womb) that opens at the top of the vagina.

Symptoms

- Continuous vaginal discharge, which may be pale, watery, pink, brown, bloody, or foul-smelling
- Abnormal vaginal bleeding between periods, after intercourse, or after menopause
- Periods become heavier and last longer than usual
- Any bleeding after menopause

Treatment

Early cervical cancer can be cured by removing or destroying the pre-cancerous or cancerous tissue. There are various surgical ways to do this without removing the uterus or damaging the cervix, so that a woman can still have children in the future.

Types of surgery for early cervical cancer include:

- LEEP (Loop Electrosurgical Excision Procedure) -- uses electricity to remove abnormal tissue
- Cryotherapy -- freezes abnormal cells
- Laser therapy -- uses light to burn abnormal tissue

Prevention

Practicing safe sex (using condoms) also reduces your risk of HPV and other sexually-transmitted diseases. HPV infection causes genital warts. These may be barely visible or several inches wide. If a woman sees warts on her partner’s genitals, she should avoid intercourse with that person.

Getting regular Pap smears can help detect pre-cancerous changes, which can be treated before they turn into cervical cancer. Pap smears work very well in spotting such changes, but they must be done regularly.

Pelvic Inflammatory Disease (PID)

Pelvic inflammatory disease (PID) is a general term that refers to infection of the uterus (womb), fallopian tubes (tubes that carry eggs from the ovaries to the uterus) and other reproductive organs. It is a common and serious complication of some sexually transmitted diseases (STDs), especially chlamydia and gonorrhea. PID can damage the fallopian tubes and tissues in and near the uterus and ovaries. PID can lead to serious
consequences including infertility, ectopic pregnancy (a pregnancy in the fallopian tube or elsewhere outside of the womb), abscess formation, and chronic pelvic pain. Each year in the United States, it is estimated that more than 1 million women experience an episode of acute PID. More than 100,000 women become infertile each year as a result of PID, and a large proportion of the ectopic pregnancies occurring every year are due to the consequences of PID.

Treatment

PID can be cured with several types of antibiotics. A health care provider will determine and prescribe the best therapy. However, antibiotic treatment does not reverse any damage that has already occurred to the reproductive organs. If a woman has pelvic pain and other symptoms of PID, it is critical that she seek care immediately. Prompt antibiotic treatment can prevent severe damage to reproductive organs. The longer a woman delays treatment for PID, the more likely she is to become infertile or to have a future ectopic pregnancy because of damage to the fallopian tubes.

Prevention

The surest way to avoid transmission of STDs is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

CDC recommends yearly chlamydia testing of all sexually active women age 25 or younger, older women with risk factors for chlamydial infections (those who have a new sex partner or multiple sex partners), and all pregnant women. An appropriate sexual risk assessment by a health care provider should always be conducted and may indicate more frequent screening for some women.