

Cervicitis

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Cervicitis is probably the most common of all gynecological disorders, affecting half of all women at some point in their lives. Any woman, regardless of age, who has had even one sexual encounter and who is experiencing abdominal pain or an unusual vaginal discharge may have it. Despite the fact that it is so common, cervicitis does not yield to selfdiagnosis, because its symptoms—if any—can easily be confused with those of other common ailments, including vaginitis. (See the preceeding chapter, “Curing Vaginal Infections.”)

Untreated, cervicitis can lead to problems conceiving or delivering a healthy baby. But there is good news: Cervicitis can be readily diagnosed by your doctor and successfully treated with a wide variety of drugs and procedures.

What Is Cervicitis?

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Cervicitis is an inflammation of the cervix—the lower part of the uterus extending about an inch into the vaginal canal. Most commonly, cervicitis is the result of an infection, although it can also be caused by injury or irritation (a reaction to the chemicals in douches and contraceptives, for example, or a forgotten tampon).

The first symptom of cervicitis is likely to be a vaginal discharge that becomes more pronounced immediately following your menstrual period. Other signs include bleeding, itching, or irritation of the external genitals; pain during intercourse; a burning sensation during urination; and lower back pain. In its mildest form, you may not notice any symptoms at all, but a more severe case of cervicitis can cause a profuse, almost puslike, discharge with an unpleasant odor, accompanied by intense vaginal itchiness or abdominal pain. If the infection gets into your system, you may also have fever and nausea.

A CLOSER LOOK AT THE SITE OF THE PROBLEM

The cervix, or neck of the uterus, encompasses the cervical canal, the normally tiny passage through which a newborn must pass on its way into the world. Located at the inner end of the vagina, the cervix is vulnerable to a variety of sexually transmitted diseases, including chlamydia, gonorrhea, trichomonas, and herpes. The delicate covering of the outer cervix is also prey to injury, which can strip off the surface layer of cells, resulting in cervical erosion. The cells lining the cervix are sometimes subject to abnormal growth as well, starting as cervical “dysplasia” and possibly progressing to cancer. For more on this problem, turn to chapters 38 and 39, “Cervical Cancer: The One That’s Preventable,” and “Making Sense of Your Pap Test.”

Prolonged cervicitis can make it difficult—even impossible—to become pregnant. Not only does abnormal mucus production interfere with the sperm's ability to enter the cervical canal, but the infection can also spread to the uterus or the fallopian tubes leading to the ovaries. A pregnant woman with untreated cervicitis risks miscarriage, premature delivery, or infection of her newborn during delivery, leading to pneumonia, a severe eye infection, or blindness.

Because many of the symptoms of cervicitis can be confused with signs of other disorders, it's important to see a doctor whenever you experience pain or an unusual discharge. The problem could be an infection of the vulva, uterus, fallopian tubes, or urinary tract. It could also be a sign of another cervical condition called cervical erosion. Erosion or ulceration of the cervix means that the cervical surface layer (consisting of flat, shiny cells called squamous epithelium) is partially or completely missing. An eroded area looks raw and red and may cause spotting. Injury from intercourse, the insertion of a tampon, or certain chemicals can lead to erosion.

Diagnosing Cervicitis

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Inflammation of the cervix is the result of the body's normal defense system. Whenever there is injury, irritation, or infection, white blood cells are mobilized, and blood circulation within the area increases. The cervix, which is normally pale pink and smooth, becomes red and swollen.

Your doctor will identify the true nature of your problem by examining all available evidence: your symptoms, your medical history, and the results of a physical exam (including a Pap smear, a "wet smear," and tests to culture infectious organisms).

A biopsy may be recommended if your cervix appears abnormal. In this procedure, the doctor removes a small piece of tissue for microscopic examination by a pathologist, a type of specialist who focuses on studying and identifying the effects of disease.

Removing the tissue sample is usually an office procedure, customarily performed without anesthesia, or at most with a local painkiller. Discomfort is generally minor, since there are relatively few pain nerves in the cervix. After a biopsy, you should avoid intercourse, douching, and the use of tampons for at least a week, until your cervix has healed. It is normal to experience some spotting, but if heavy bleeding occurs, or if you experience pain, unusual vaginal discharge, or fever, you should contact your doctor immediately.

Colposcopy, another diagnostic technique, involves using a binocularlike instrument called a colposcope to get a magnified view of the surface of the cervix. The examination can be done during a routine pelvic exam, but if your doctor lacks the equipment or special training to do a colposcopy, he or she may refer you to another doctor for this particular exam.

Cervicography, a relatively new technique, allows the doctor to take photographs of your cervix, then send them to an expert for interpretation. The results are sent back to the doctor, who will then discuss them with you.

The Leading Causes

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Successful treatment of cervicitis begins with proper identification of the cause. If some irritant is causing the cervicitis, your doctor will remove it or advise you to avoid it. If the cause is an infection, your doctor will attempt to diagnose the responsible organism.

The three most common causes of cervicitis are chlamydia, gonorrhea, and trichomonas. All three, it should be noted, are considered sexually transmitted diseases or STDs. (Cervicitis is only one of the many problems these diseases can cause. For more

information, see chapter 11, “Coming to Terms With Sexually Transmitted Diseases.”) If cervicitis is caused by an STD, treatment for your partner is also crucial.

A number of other organisms—including herpes simplex, streptococcus, staphylococcus, enterococcus, and *Gardnerella vaginalis*—can also cause cervicitis.

You should always avoid intercourse or have your partner use condoms while you are being treated for cervicitis, regardless of the specific cause.

Chlamydia

Chlamydial infections are caused by the *Chlamydia Trachomatis* bacteria, a parasitic microorganism that can survive only in a host cell. It is estimated that between 3 and 4 million cases of chlamydial infection occur each year, making it one of the most common sexually transmitted “bugs” in the United States.

There may be no symptoms for weeks or months following infection with chlamydia. In women, when symptoms do occur, they can include discharge, pelvic pain, bleeding, fever, and frequent or uncomfortable urination. It is important to treat a chlamydial infection promptly and aggressively to keep it from spreading to the uterus and fallopian tubes. In men, a chlamydial infection may be diagnosed as nongonococcal urethritis (NGU), with symptoms such as pain or a burning sensation during urination or a thin discharge from the penis.

If the diagnosis is chlamydial cervicitis, your doctor will probably prescribe a broad spectrum antibiotic. Among the most commonly prescribed treatments for chlamydia are: doxycycline (Doryx, Vibramycin, others), one 100-milligram capsule taken twice daily for 7 days, or

azithromycin (Zithromax), four 250-milligram capsules taken in one dose, or

ofloxacin (Floxin), one 300-milligram tablet taken twice daily for 7 days, or

erythromycin base (ERYC, others), two 250-milligram capsules taken 4 times a day for 7 days.

THE GYNECOLOGICAL EXAM

One of the most important things you can do to ensure your continued good health is to become an active member of your health care team.

Many women find their annual visits to the gynecologist embarrassing at best and, at worst, extremely uncomfortable. But once you understand the procedures involved and actively participate in the process, you will find that discomfort and embarrassment diminish. And it always helps to remember that problems that are detected early are generally more responsive to treatment.

The first thing to do, before you even arrive at your doctor's office, is make a list of any symptoms you have noticed or questions you want to ask. Many women find that the anxiety surrounding the exam causes them to forget everything they had wanted to talk about. Making notes ahead of time will be a big help to both you and your doctor.

The gynecological exam usually begins with a careful medical history and a general physical exam. Your doctor will ask you to describe signs or symptoms, any past problems, family history of disease, your sexual activity, last menstrual period, and the contraceptives and medications you may be using. Be frank. Your physician is there to treat you, not to judge you.

Next, your doctor will probably take your height, weight, and blood pressure; listen to your heart and lungs; take your temperature; examine your thyroid gland and breasts; and take blood and urine specimens.

The pelvic exam provides your doctor—and you—with essential information about the health of your reproductive system. For the exam, you will be placed in that indelicate posture called the dorsal lithotomy position: on your back, with your bottom at the edge of the table, and your legs elevated and supported.

The first thing your doctor will do is inspect your external genitalia for redness, swelling, or any signs of irritation or injury.

The next step will probably be the speculum examination. Here, the doctor inserts an instrument called a speculum into the vagina to hold the vaginal walls apart, permitting an examination of the cervix and vaginal lining for redness, irritation, unusual discharge, or lesions.

During the speculum exam, your doctor will collect specimens for lab tests. These typically include a Pap smear specimen, gonorrhea and chlamydia test samples, and a slide preparation for diagnosing other infections.

Because gonorrhea and chlamydia are so common—and because both women and men can have these infections without any symptoms—your doctor may routinely test you for sexually transmitted diseases (STDs), especially if you report pain or an unusual discharge, or if you (or your partner) have multiple sexual partners.

The primary purpose of a Pap smear is to detect the presence of abnormal cells on the surface of your cervix. It is a fairly sensitive and reliable test. For a detailed discussion of this test, turn to chapter 39, “Making Sense of Your Pap Test.”

The next part of the exam involves bimanual (twohanded) examination of the reproductive organs, with two fingers of one hand in the vagina and the other hand pressing downward on the abdomen. This procedure helps your doctor determine the size, location, and shape of the uterus and check for pain and tenderness. Typically, your doctor will also examine the internal organs by inserting one finger in the rectum while the other remains in the vagina.

Remember that the exam should not be painful. The more you can relax the muscles of your abdomen, the easier the procedure will be. And if you are experiencing any pain or tenderness, tell your doctor where it is before the exam begins, so that he or she can be extra gentle during the examination.

Doxycycline is often the preferred medication for Chlamydia because it only needs to be taken twice a day; it is less likely to cause intestinal upset; and it stays at higher levels in the blood than tetracycline. However, if you are allergic to tetracycline drugs like doxycycline or if you are pregnant, your doctor might prescribe erythromycin. The most common side effect of erythromycin is gastrointestinal discomfort (abdominal distress, nausea, or diarrhea).

Be sure that your partner is also treated and schedule followup exams for both of you if the symptoms fail to disappear. You should avoid intercourse until are certain that both of you are diseasefree. Your partner should use condoms if there is any doubt that he has been thoroughly treated and cured.

Gonorrhea

Caused by the *Neisseria gonorrhoeae* bacterium, gonorrhea is also transmitted through sexual intercourse. It is not unusual to be infected with gonorrhea and yet have absolutely no symptoms. Many cases of gonorrhea are first detected in the course of a routine examination from a cultured specimen of vaginal discharge. When there are symptoms,

they may include unusual discharge, painful urination, pelvic pain, unusual bleeding, or fever.

Because it is common for people with gonorrhea to be crossinfected with chlamydia, treatment is generally designed to cure both infections. The initial dose of medication is often given right in the doctor's office, either:

ceftriaxone (Rocephin), 125 milligrams in an intramuscular injection, or

Cefixime (Suprax), one 400-milligram tablet or

Ciprofloxacin (Cipro), one 500-milligram tablet or

ofloxacin (Floxin), one 400-milligram tablet

Be sure to tell your doctor if you are pregnant, allergic to penicillin or tetracycline drugs, or if you have ever had asthma, hives, hay fever, or other allergies.

The initial large dose of antibiotic for treatment of gonorrhea is followed with one of the broad spectrum antibiotics prescribed for chlamydia.

Untreated gonorrhea can cause fertility problems, birth defects if a woman is pregnant, and if allowed to spread, skin problems, arthritis, blood poisoning, and heart and brain infections.

Both you and your partner must be treated and should be tested again if symptoms fail to subside. It is important to ensure that you are both cured because new strains of penicillin resistant gonorrhea have recently developed, and additional treatment may be necessary to completely eradicate the infection.

Reinfection is quite common, so it is wise to avoid intercourse until you and your partner are both certain of a clean bill of health.

Trichomonas

Trichomonas (frequently referred to as “trich,” pronounced “trick”) is caused by a onecelled microscopic organism that produces a frothy vaginal discharge. There may be no symptoms, or the infection can cause intense itchiness, redness, an objectionable odor, frequent urination, or pain. With a trichomonas infection, your vagina is likely to be more alkaline than normal, so your doctor, as part of the examination, may test the acid/alkaline balance with a strip of pH paper.

BIMANUAL EXAMINATION

This standard gynecological technique enables the doctor to feel any abnormality in the size, shape, or position of the uterus. If the doctor detects a problem, it's possible to make a visual inspection of the uterus, ovaries, and other organs through a minor surgical procedure called laparoscopy.

Men infected with trich rarely have symptoms. When they do, the symptoms can include irritation, discharge, or a burning sensation during urination.

Your doctor will identify the parasite responsible for the infection by smearing a sample of your discharge and a drop of salt solution on a slide, then examining it under a microscope. Trichomonas organisms are easily identifiable because they are rapid swimmers that propel themselves with flicks of their whiplike tails.

The most effective treatment for trich is an antibacterial drug called metronidazole (Flagyl, Protostat, others) given in pill form, either:

2,000 milligrams in a single oral dose, or

500 milligrams twice daily for 7 days.

Do not drink alcoholic beverages while you are taking metronidazole and for at least 24 hours after having taken the last dose. Mixing alcohol with metronidazole can cause cramps, nausea, vomiting, headache, and flushing. The most common side effects of this drug are stomach upset, cramps, constipation, diarrhea, and headache. More serious side effects include seizures and numbness or tingling in the arms, legs, hands, or feet. If you experience any of these symptoms, call your doctor immediately and stop taking the drug.

Be sure to tell your doctor if you have liver disease or if you are breastfeeding, pregnant, or planning to become pregnant. In any of these cases, metronidazole may not be the right drug for you. Antibiotic douches or antifungal suppositories like clotrimazole (GyneLotrimin, Mycelex G, others) may help relieve symptoms; they will not, however, cure the disease.

As with all STDs, if you have trichomonas, your partner should also be treated, and you should both avoid intercourse or use a condom until followup tests indicate that you are both cured.

Herpes Simplex

Your doctor will suspect herpes if there are visible blisters or open sores on the cervix. Further tests (including a Pap smear or culture) can confirm the diagnosis. Because herpes simplex is a virus, antibacterial treatments such as those for other STDs will not work against it.

While there is no known cure for herpes, 200 milligrams of acyclovir (Zovirax) in pill form, taken 5 times a day for 7 to 10 days—or until symptoms subside—can be helpful in limiting the length and intensity of the first attack. Treatment should be started within 6 days after the appearance of the first symptoms, which are often tingling and itchiness. For recurrent attacks, your doctor may prescribe acyclovir in dosages such as 200 milligrams 5 times daily for 5 days; you must begin this treatment within the first 2 days after onset. You can also take acyclovir to suppress future attacks. The dosage is 400 milligrams twice daily for a year. This has been found to cut the frequency of the attacks by 75 percent.

Herpes simplex virus is highly contagious in its active stage, so you and your partner should avoid sexual contact at the first signs of an attack. If you or your partner has had a herpes simplex outbreak in the past, it is wise to use condoms routinely because the virus can be passed back and forth even when there are no symptoms.

If you have herpes, you should see your doctor and have a Pap test regularly—at least once a year—without fail, since the virus is under suspicion as a possible cause of cervical cancer.

While it is possible to have a normal pregnancy and a healthy baby with herpes, special care must be taken to avoid infecting the baby.

Nonspecific Bacterial Infections

Once tests have ruled out chlamydia, gonorrhea, trichomonas, and herpes, your doctor may not be able to identify the specific bacteria responsible for your condition. He or she may therefore prescribe “nonspecific” medications, such as a sulfa vaginal cream or a douche that kill bacteria in the vagina and cervix. As the general bacterial population is reduced, your body's own defenses may be able to overcome the infection. Your doctor may also suggest creams or douches to readjust the acid/alkaline balance in your vagina, and make it less hospitable for bacteria.

TO PREVENT CERVICITIS...

Limit your sexual contacts; know the history of your partner; and make condoms a routine part of sex.

See your doctor immediately if your partner has been diagnosed with urethritis or if he has symptoms of the condition (pain or burning during urination, a thin discharge from the penis, or a stain on his underwear).

See your doctor immediately if you notice a vaginal discharge or any kind of lower abdominal pain.

See your doctor for a complete physical exam annually, regardless of whether or not you are experiencing any symptoms.

Treat vaginal infections immediately before they have a chance to spread to your cervix.

Avoid chemical irritants in deodorized tampons, douches, or sprays.

Conquering Chronic Cervicitis

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If you have prolonged or repeated bouts of cervicitis, your doctor may recommend a procedure designed to destroy the abnormal cells on the surface of your cervix. The most common of these procedures are cauterization (also known as heat cauterization), cryosurgery (also known as freezing, or cold cauterization), and laser treatment. After therapy, cells from untreated normal tissue naturally grow into and replace the area of destroyed, abnormal tissue.

Cauterization

Cauterization is the oldest of the three treatment methods for chronic cervicitis. Electricity is used to produce a controlled current at the tip of a cauterization probe. The hot tip of the probe is touched to the area of abnormal tissue and burns away the damaged cells. Cauterization, which typically causes mild to moderate pain, is less likely to be recommended than the other two newer techniques, if they are available.

Cryosurgery

Cryosurgery has several advantages over cauterization. It is less likely to be painful and it produces a more controlled and uniform area and depth of tissue destruction. It also causes less scarring and is therefore less likely to cause cervical stenosis (a narrowing of the cervical canal).

In cryosurgery, an intense cold source (usually compressed nitrous oxide or carbon dioxide gas) is used to freeze any tissue it touches. The cold source is administered through a handheld instrument that looks like a gun. It takes about 2 minutes for the tissue to be thoroughly frozen. During this time, you may experience a vague sensation of coldness and mild cramping. However, the discomfort usually subsides fairly rapidly.

Laser Treatment

With laser treatment, the doctor uses an intense, focused beam of light to evaporate one tiny, precise area of surface tissue at a time. You may have a sensation of warmth or crampy pain during the treatment, very much like the typical reaction to cauterization or cryosurgery.

Overall success rates are similar for laser and cryosurgery. Laser treatment is preferred when there are large areas of abnormal tissue.

Both cauterization and cryosurgery can cause swelling in the cervix that can temporarily narrow or obstruct the cervical canal, so it is best to schedule either procedure for

immediately after your menstrual period. The swelling should be over by your next period.

After any one of these three treatments, you may experience a profuse, watery vaginal discharge lasting as long as a week or two. You may also have spotting or bleeding, especially if your cervix was touched or bumped. Given the sensitivity in the cervical area, it is best to abstain from intercourse and to avoid tampons and douching for at least 2 weeks after treatment. Complete healing takes 6 to 8 weeks. When you resume intercourse, use a condom until a followup Pap smear shows that your cervix is completely healed and all traces of the abnormalities are gone.

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