Cervicitis

Cervicitis is an inflammation of the cervix. The cervix is the bottom part of the womb that protrudes into the top of the vagina. Sexually transmitted infections (STIs) are the most common cause of cervicitis. This hand out focuses on STIs as the causes of cervicitis.

CAUSES

Cervicitis is caused by different germs.

- Including bacterial infections like:
  - Gonorrhea.
  - Chlamydia.
  - Trichomonas (T. vaginalis).
  - Streptococcus and Staphlococcus.
  - Bacterial vaginosis.
- Viral infections like:
  - Herpes.
  - Human papillomavirus (HPV).

Other causes include:

- Allergic reaction to:
  - Spermacides.
  - Douches.
  - Deodorized tampons.
- Medicinal or birth control devices in the vagina:
  - Cervical cap.
  - Pessary.
  - Diaphragm.
- Injury to the cervix during:
  - Delivery.
  - Cancer.
  - Radiation treatment.
  - Previous surgery to the cervix.

- Risk Factors include:
  - Unprotected sex.
  - Previous history of STI.
  - Multiple partners.
  - Partner with multiple sex partners.
  - Partner with history of STI.
  - Having sexual intercourse before 18 years of age.
  - Drug or alcohol abuse.

SYMPTOMS

- Most often there are no apparent problems or symptoms.
- Abnormal vaginal discharge (bad odor, grey or yellow in color).
- Pain or itching of the area outside the vagina (*vulva*).
- Painful intercourse.
- Frequent urination.
- Bleeding:
  - Between menstrual periods.
  - After intercourse.
  - After menopause.
- Lower abdominal or low back pain, especially during intercourse.
- With HPV you may have warts that are easy to feel or see. The warts may bleed.
- Herpes virus (HSV) causes:

- Redness.
- Swelling.
- Blisters.
- Fever and muscle aches (like the flu).
- Pain of the vulva and vagina.
- Painful urination.
- Vaginal and urethral discharge.

- Recurrent infections of HSV are milder. Most patients have symptoms of itching or tingling before the appearance of blisters.

DIAGNOSIS

Diagnosis is based on:

- Testing the discharge from the cervix and vagina.
- Redness of the cervix and vagina.
- Erosion of the cervix.
- A pap smear.
- A biopsy taken from the cervix for some other reason.

TREATMENT

Treatment of cervicitis is either medical or surgical. A patient's sexual partners must be treated to prevent re-infection.

Treatments Include:

- Oral and vaginal antibiotics (medications which kill germs) effectively cure:
  - Gonorrhea.
  - Chlamydia.
  - T. vaginalis infections.
- In genital herpes oral antiviral therapy can reduce the:
  - Duration of symptoms.
  - Lesions (sores).
  - Viral shedding.
- External genital warts caused by HPV can be controlled but not always eliminated by topical therapy and surgical therapy.
  - Other options include intralesional injection.
- With HPV of the cervix, surgical treatment may include:
  - Cold knife conization.
  - LEEP (loop electrocautery excision procedure).
  - Laser treatment.
  - Directed surgical biopsy of the cervix using colposcopy.
- Severe forms of infection may require hospitalization.

Talking with an infectious disease specialist may be appropriate in cases of:

- Unclear diagnosis.
- Pregnancy.
- Difficult to treat infections or symptoms.

HOME CARE INSTRUCTIONS

- No sexual activity for 7 days after starting treatment.
- No sexual activity until the partner has been treated.
- Take all antibiotics for the full length of time.
- All sexual partners should be examined and be treated. Make sure all partners are informed so this can be done.
- Do not have sexual contact until your infection has been fully treated. Do not have sexual contact until your

caregiver has given an OK to resume a physical relationship.

Prevention:

- Avoid sexual intercourse with infected partners.
- Before having a sexual relationship.
  - Both partners should be tested for common STIs.
  - Both partners should be tested for HIV.
  - If there is no testing, then use a condom for all sexual acts.
- Condoms are available for men and women. Condoms decrease the transmission of many STIs, including HIV. Use condoms correctly and consistently.
- Avoid sexual intercourse before age 18.
- Only have one sex partner who also only has you as a sex partner (monogamy).
- A Pap smear is done to screen for cervical cancer.
  - The first Pap smear should be done at age 21.
  - **Between ages 21 and 29**, **Pap smears are repeated every 2 years**.
  - Beginning at age 30, you are advised to have a Pap smear **every 3 years as long as your past 3 Pap smears have been normal.**
  - Some women have medical problems that increase the chance of getting cervical cancer. Talk to your caregiver about these problems. It is especially important to talk to your caregiver if a new problem develops soon after your last Pap smear. **In these cases, your caregiver may recommend more frequent screening and Pap smears.**
  - The above recommendations are the same for women who **have** or **have not** gotten the vaccine for HPV.
  - If you had a hysterectomy for a problem that was **not** a cancer or a condition that could lead to cancer, then you no longer need Pap smears.
  - If you are between ages 65 and 70, and you have had normal Pap smears going back 10 years, you no longer need Pap smears.
  - If you have had past treatment for cervical cancer or a condition that could lead to cancer, you need Pap smears and screening for cancer for at least 20 years after your treatment.

See your caregiver for your concerns or follow-ups as directed. Do not consider yourself cured until your caregiver has told you so.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have abnormal discharge.
- You have bleeding from your vagina after sex.
- You are spotting or bleeding between periods.
- You find out your sex partner has an infection of his genitals.
- You develop a fever of 100º F (37.8º C) or higher.
- You have pain with sex.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 12/18/2006 Document Re-Released: 03/14/2011
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