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Antibiotic therapy for pelvic inflammatory disease (PID). A meta analysis

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PID is a common cause of morbidity in young women and affects between 4% to 12% of young women. The main intervention for acute PID is the use of broad-spectrum antibiotics which cover *C. trachomatis, N. gonorrhoeae* and anaerobic bacteria, administered either intravenously or orally. Both routes have been considered effective. However, optimal treatment strategy for PID is unclear. We determined the effectiveness and harms of antibiotic regimens used to treat pelvic inflammatory disease and will also share our experience with alternative drug regimen with clindamycin. We retrieved a total of 2057 references published between January 1946 and Januray 2015 from different databses. We considered 85 reports for this review. Overall, no treatment guideline showed superiority to alternative treatment (CDC - RR 1.01, 95% CI 0.98 to 1.03; IUSTI/BASHH - RR 1.01, 95% CI 0.95 to 1.07). There was no difference in PID rates of cure between regimens that used or not antibiotics with cover against anaerobic bacteria (RR 0.99, 95% CI 0.96 to 1.03). Regimens using azithromycin were superior to alternative regimens using doxycycline (RR 1.07, 95% CI 1.02 to 1.14), but a significant heterogeneity among groups was identified (I2=81%). There is no evidence that rates of cure of PID are higher in regimens using doxycycline in mild-moderate cases of PID, but due to heterogeneity among studies, this finding should be interpreted with caution.

Biography

Savaris R F his PhD from the University Federal do Rio Grande do Sul, respectively. He had his Postdoctoral studies at University of California, San Francisco (2007), and at the University of North Carolina, Chapel Hill (2013). He is an Associate Professor from the Univ. Federal do Rio Grande do Sul, in the ObGyn Department and co-ordinator on the Cochrane Review on Pelvic Inflammatory Disease. He has published more than 40 papers in reputed journals.

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