

## The Cure Rate for Pelvic Inflammatory Disease Using Different Regimens: An 18-Year Experience in a Tertiary Hospital in Southern Brazil

Name: Michele S Savaris<sup>1</sup>, Thais Vicentine Xavier, Bruna Mielczarski<sup>2</sup>, Daniel Mendes da Silva<sup>3</sup>, Ricardo F Savaris<sup>4</sup>

Affiliations: (1) Post graduation course in Surgical Sciences, Universidade Federal do Rio Grande do Sul, (2) Dep. of ObGyn of Universidade Federal do Rio Grande do Sul, (3) Hospital de Clínicas de Porto Alegre, (4) Professor at Universidade Federal do Rio Grande do Sul

**Country**: Brazil **Email ID:** rsavaris@hcpa.edu.br

## ABSTRACT

Tubo-ovarian abscess (TOA) is present in up to 33% of cases of Pelvic Inflammatory Disease (PID). PID treatment includes parenteral regimens.

Ampicillin+gentamicin+clindamycin (AGC) was reported to have a rate of cure (95% CI) of 87.5%(63.9%~96.5%) in a small sample of n=16.

Objective: To verify the effectiveness of different therapeutic combinations, including AGC, in treating PID, and the correlation between leukogram and C-reactive protein (CRP) values and TOA.

Methodology: Patients diagnosed with PID at the Hospital de Clínicas de Porto Alegre between April 13, 2003, and December 31, 2021 were included, retrospectively. Patients without PID or follow-up were excluded. The analysis included cure rates, different treatments, leukocyte counts, and C-reactive protein (PCR) levels. The optimal cut-off point for leukocytes and CRP for diagnosing TOA was identified.

Results: After 163 exclusions, 405 patients were included. The incidence (95%CI) of TOA was 19.5%(15.4%~23.6%). Cure rates (95% CI) for TOA were calculated:

amoxicillin+clavulanate+doxycycline=25%(4.6 %~69.9%);

AGC=65.8%(48.1~76.4%);

ampicillin+sulbactam+doxycycline=40%(8.2%~ 64.1%);

gentamicin+clindamycin=60%(39.7%~89.2%); surgery=100%(51%~100%);

others=40%(16.8%~68.7%); for PID without TOA:

ampicillin+gentamicin+clindamycin=85.7%(51.4 %~92.4%);

ampicillin+sulbactam+doxycycline=100%(51%~1 00%);

ceftriaxone+azithromycin=89.4%(77.9%~93.3%); ceftriaxone+doxycycline=77.8%(63.3%~91.8%); gentamicin+clindamycin=85.4%(76.9%~89.1%); others=100%(78.9%~86%).

The thresholds of 15730 leukocytes/L and CRP>51.6 mg/L had a likelihood ratio of 3.7 and 3.4, respectively, for diagnosing TOA.

Conclusion: The cure rate for TOA using AGC is adequate. Both leukogram and CRP can be employed in the diagnosis of TOA.



SCIENTEX CONFERENCES LLC

1309 Coffeen Avenue STE 1200, Sheridan, WY 82801, United States www.scientexconference.com

gynaecology.scientexconference.com

gynaecology@scientexconferences.com



International Conference on **GYNECOLOGY AND OBSTETRICS** May 22-23, 2023 | Dubai, UAE

## **BIOGRAPHY (upto 200 words)**

Ricardo F Savaris is a full professor of ObGyn at Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil and head of the Gynecological Emergency Unit at hospital De Clínicas de Porto Alegre. He has over 100 publications that have been cited over 700 times, and his publication h-index is 24.

**Presenter Name:** Ricardo F Savaris. **Mode of Presentation:** Oral. **Contact number:** +55 51 997781966



Upload your photo here.



SCIENTEX CONFERENCES LLC

1309 Coffeen Avenue STE 1200, Sheridan, WY 82801, United States www.scientexconference.com

gynaecology.scientexconference.com

gynaecology@scientexconferences.com  $\hfill \boxtimes$