

Summary

Thirty two year old, widowed pregnant patient at period of gestation 12 weeks and three days was referred from gynaecology ward complaining of lower abdominal pain for two days and vaginal discharge for two weeks. Her last sexual exposure was with her non regular partner one week back, it was per vaginal unprotected sexual exposure. She had no fever with dysuria. Her vaginal discharge was not associated with vulval soreness and itching. There was no right iliac fossa pain and her bowel habits were normal. Examination revealed supra pubic tenderness with an inflamed cervix and a thick muco purulent discharge. Cervical motion tenderness and left adnexial tenderness was noted in vaginal examination. Cervical smear showed more than thirty polymorpho nuclear lymphocytes per high power field and C reactive protein was elevated. She was managed as pelvic inflamatory disease with intra muscular ceftriaxone, oral erythromycin and oral metranidazole and clinical signs responded to treatment.