Acupuncture in the treatment of chronic pelvic pain secondary to pelvic inflammatory disease

Pelvic inflammatory disease (PID) primarily involving the cervix, uterus and fallopian tubes is a serious infection in women. It can present in different forms such as endometritis, salpingitis, oophoritis, tubo-ovarian abscess or peritonitis. Antibiotic treatment is recommended because failure to treat PID can result in infertility (20%), ectopic pregnancy and chronic pelvic pain (40%). Immune deficiency, inappropriate antibiotic regimens or delay in the management of first infection can lead to chronic PID, which is defined as symptoms continuing for more than 6 months with relapsing pelvic infections after an acute PID attack. Definitive medical cure of the disease is not available and the quality of life is decreased. We performed a study to investigate the effectiveness of acupuncture in chronic pelvic pain secondary to acute PID and to determine whether PID has any effect on infertility.

This was a pilot study with a prospective uncontrolled case series design. It was set up without formal patient-reported outcome measures because of low expectation of benefit for this difficult condition. Patients with chronic pelvic pain due to PID being followed up in our gynaecology department between 2005 and 2008 were offered a course of acupuncture and those who accepted the course were included in the study. Eligibility was based on the following criteria: (a) a history of PID and following chronic pelvic pain; (b) findings of pelvic organ on bimanual examination; (c) leucorrhoea or mucopurulent cervicitis; and (d) more than one PID attack (recurrent) after the first trigger PID attack.
in a 6-month period. To exclude any probable acute PID attack on chronic PID, patients treated with antibiotics 14 days before acupuncture and those whose symptoms did not resolve were excluded.

All the patients underwent a detailed gynecological physical examination and the findings were noted. Abdominal-vaginal ultrasound examination was also performed and other causes of pelvic pain were excluded. The patients were then referred to the acupuncture department. The primary outcome measures were physical examination (particularly resolution of discomfort in bimanual examination) and ‘response’ was defined as total resolution of pelvic pain and no new attack following 6 months of acupuncture therapy, assessed in the outpatient clinic.

The traditional Chinese method of acupuncture was used. The following points and needling depths were used bilaterally: Yintang (0.3 cun), LU9 (0.3 cun), CV3–5 (1 cun), LI4 (0.5 cun), ST36 (1–1.5 cun), KI3–5 (1 cun). Silver acupuncture needles (Kangnian KT1, Beigiao Town, China) size 25×0.25 mm were used. The duration of the needling was 20 min in each visit without any needle stimulation or any other attempts to elicit de qi. The treatment continued for 6 weeks, two visits per week; de qi was obtained in half of the patients without stimulation.

A total of 33 patients with chronic pelvic pain secondary to PID were included. Three patients were lost to follow-up and the study ended with 30 patients. The mean age of the patients was 32 years (range 23–45). Seven patients had been trying to conceive for at least 1 year and were regarded as infertile. Twenty-nine of the 30 patients (99.6%) responded to acupuncture treatment and their pelvic pain resolved clinically. Seven infertile patients become pregnant in the following 6 months.

The use of acupuncture in PID is known, but its use in chronic pelvic pain in secondary to PID is not common. Our preliminary results suggest that acupuncture may be beneficial for chronic PID symptoms and possibly for secondary infertility. It may be a superior alternative to current therapies. Further research is needed to clarify this issue, and a controlled study is planned by our gynaecology team.

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