

XXI. Diseases of the Female Genital System

Acute inflammation of endometrium

Causes:

I. In non-pregnant uterus:

1. Acute gonococcal infection (from cervix).
2. Acute fevers (blood-infection).
3. Pyometra (cancer-cervix).

II. In pregnant uterus:

1. Gonococcal infection (from cervix).
2. Acute fevers (blood-infection).
3. Pyometra (cancer-cervix).
4. *Puerperal sepsis*.

Predisposing factors:

1. Raw uterine surface.
2. Trauma.
3. Placental tissue.
4. Exhaustion and instrumental interference.
5. Thrombi in the uterine veins.
6. Haemorrhage.

Endometritis



Polymicrobial

- 1 Non-pregnancy related
Extension of pelvic inflammatory disease
- 2 Postpartum (Infection of the **decidua**)

Risk Factors

- C-section
- PROM > 24 hrs
- Stage 2 labor > 12 hrs
- High number of pelvic exams

Clinical

- Develops postpartum **day 2 or 3**
- Fever
- Foul-smelling lochia
- Uterine tenderness
- Leukocytosis

Management

- Broad spectrum antibiotics
- Clindamycin plus gentamicin
- Ampicillin/sulbactam

Endometritis

Risk factors:

- C-section
- Young age
- Low SES
- Prolonged labor
- Prolonged rupture of membranes
- Multiple vaginal exams
- Placement of intrauterine catheter
- Preexisting infection
- Twin delivery
- Manual removal of the placenta

PROM = premature rupture of the membranes

The causative agencies :

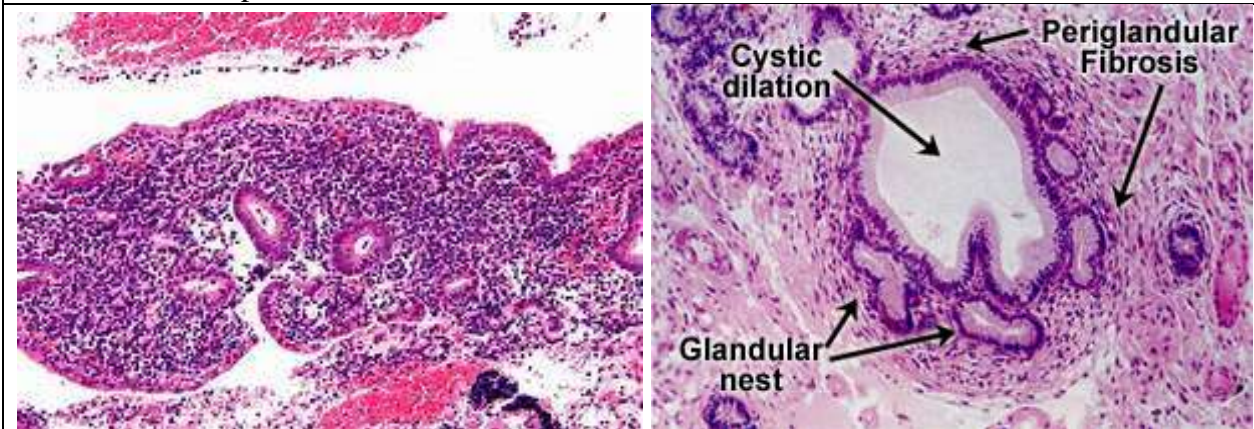
Bacteria mostly haemolytic streptococci (occasionally *B. coli*, staphylococci, gonococci etc.

Sources of infection :

1. Exogenous (attendants).
2. Endogenous (vaginal canal of the patient).
3. Autogenous (nose and throat of patient).

Complications:

1. **Peritonitis** (through serous coat of uterus or the uterine tube).
2. **Pyaemia** → Pyaemic abscesses in lungs, kidneys and joints.
3. Acute endocarditis.
4. Septicaemia.



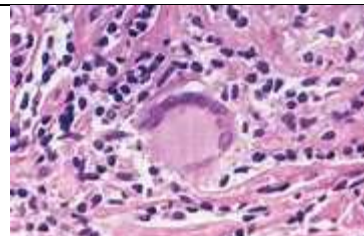
Chronic endometritis:

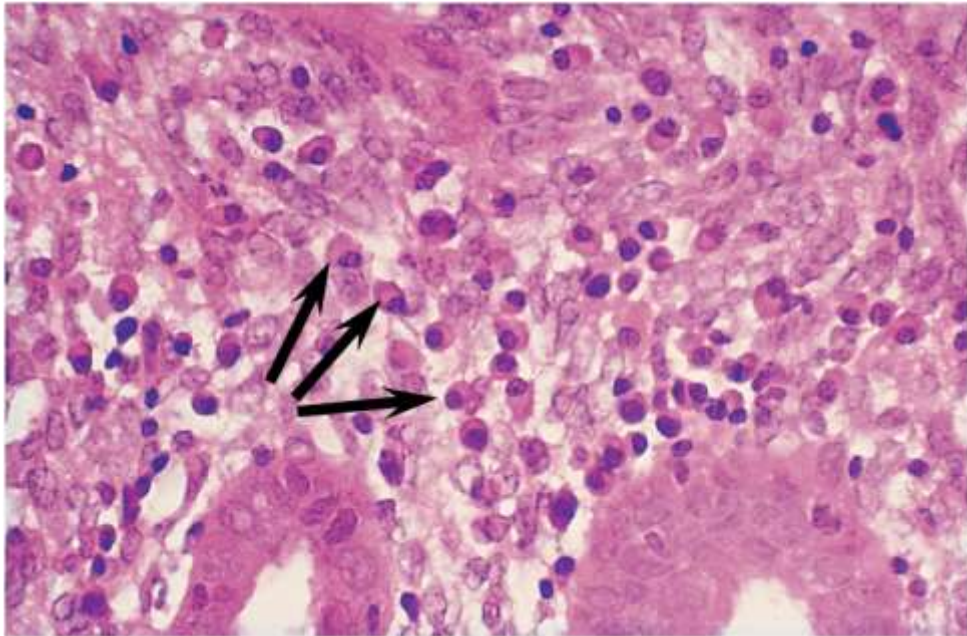
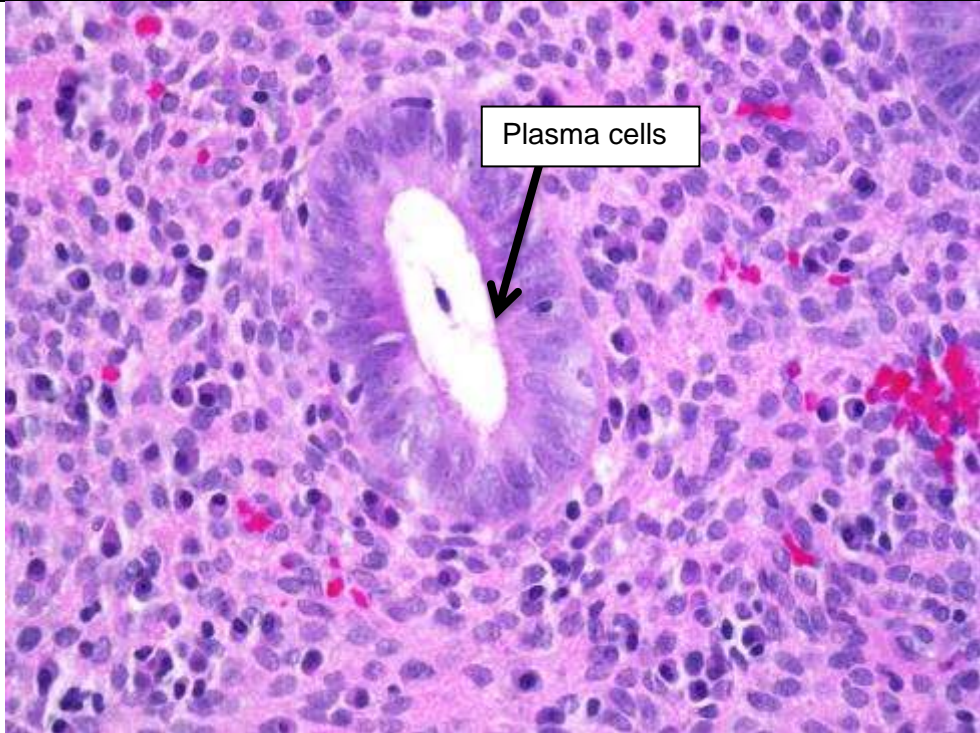
1. **Primary with unknown causes** → large fibrotic uterus.
2. **Secondary to :**
 - (a) Pelvic inflammation.
 - (b) Bacterial infection of the uterine cavity (post-partum).
 - (c) Miliary tuberculosis or tuberculous salpingitis.
 - (d) Endocrinal disturbances.

N.B. 2

Tuberculous endometritis:

- Is secondary to tuberculous salpingitis → thickening of the endometrial wall by thick, irregular, pale granulation tissue; this, may result in sterility.





Polyp (uterine)

Uterus:

Normal (or slightly enlarged)
Shows an adenomatous polyp

The polyp:

Lies in the cavity near the fundus
Single
Small in size
Oval in shape
Smooth-surfaced and pale grey
No invasion of surrounding tissue (benign nature, though somewhat poorly defined from the endometrium).
Soft in consistence (fleshy)

N.B.:

- This is an endometrial polyp (a localized area of benign overgrowth) attached to the endometrium by a narrow pedicle or base.
- It may undergo cystic change and, when large, it may ulcerate, bleed or undergo inflammatory changes.

