The PI in PID - A Case of Paralytic Ileus from Severe Pelvic Inflammatory Disease

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RANZCOG Regional SYMPOSIUM 2026 Swan Valley

Background

Paralytic ileus is a recognised complication of intra-abdominal sepsis[1]. However, it rarely occurs in pelvic inflammatory disease (PID). This case documents an instance of paralytic ileus complicating severe PID in a 19-year-old female.

Case

A nulliparous female presented to the emergency department with generalized abdominal pain, bilious vomiting and abnormal vaginal discharge. She had a Mirena inserted for contraceptive purposes three days prior to presentation, which was removed one day later due to pain. Examination revealed a severely distended abdomen, absent bowel sounds, and peritonism. Malodourous vaginal discharge was evident on speculum examination. Laboratory investigations included a white cell count of 3.04 x10^9/L, C-reactive protein of 508 mg/L and a venous lactate of 2.3 mmol/L. Computed tomography imaging revealed moderate volume intra-abdominal free fluid, along with findings consistent with acute peritonitis and paralytic ileus. Given the acute abdominal symptoms and recent uterine instrumentation, concerns for a uterine and bowel perforation were raised and a diagnostic laparoscopy was performed. Laparoscopically, there was severe peritonitis with thick pus in all quadrants of the abdomen, inflamed small bowel with mild ileus and inflamed mesentery, but no evidence of bowel or uterine injury.

Results

Vaginal swabs were positive for Chlamydia trachomatis and intra-abdominal pus cultures grew Streptococcus pneumoniae. She was managed concurrently by the gynaecology, general surgery and infectious disease team with two weeks of intravenous antibiotics for severe PID and cautious increments of oral intake. Due to the severity of ileus, with minimal oral intake one week into treatment, parenteral nutrition was utilized. The patient was discharged after two weeks of inpatient management with additional oral antibiotics.

Discussion

This case highlights the possibility of paralytic ileus as a complication of pelvic inflammatory disease. Common symptoms of PID include lower abdominal pain, vaginal discharge or bleeding, and dyspareunia[2]. Out of context abdominal pain and distension should prompt consideration of paralytic ileus as a possible complication of PID, which warrants multidisciplinary care.

The incidence rate of developing PID following intra-uterine device (IUD) insertion, although low, is elevated with undiagnosed sexually transmitted infection (STI) at time of insertion. Thus, STI screening could be considered in the high-risk population prior to IUD insertion[3].

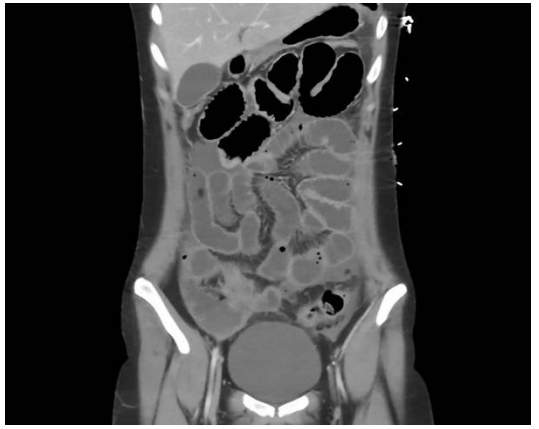

Figure 1: CT image showing ileus

References

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