

**A speculum and bimanual examination is important, as it will provide additional information that supports the diagnosis of PID. It can also be useful to rule out PID.**


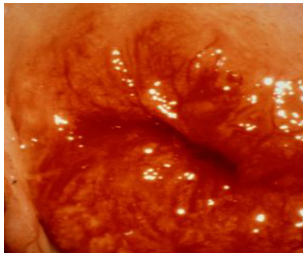
If speculum and bimanual are not performed, treatment for PID should still be commenced if

1. the diagnosis of PID is highly likely based on history, risk factors and abdominal palpation,  
OR
2. No other diagnosis is obvious. Improvement in symptoms after commencement of treatment provides supportive evidence for the diagnosis of PID

## Speculum examination

### 1. Note appearance of the cervix

Signs of cervicitis which support the diagnosis of PID are:

1. Mucopurulent discharge	2. Prominent ectropion 3. Friability and easy bleeding
	

### 2. Take cervical swab for NAAT (PCR) for chlamydia and gonorrhoea

### 3. Collect a high vaginal swab for M/C/S

## Bimanual examination

### 1. Check for tenderness. Any of the following support the diagnosis of PID:

**Cervical motion tenderness** – an increase in pain when the cervix is rocked back and forth

**Uterine tenderness** – tenderness felt when the uterus is felt between the examiners' two hands

**Adnexal tenderness** – tenderness felt when palpating lateral to the uterus

The absence of cervical motion, uterine or adnexal tenderness makes the diagnosis unlikely.

### 2. Check for masses within the pelvis.

It is common to be able to palpate the ovaries of young women.

In PID the adnexal tissues (fallopian tube and blood vessels) may feel swollen.

If any other mass is felt within the pelvis, arrange a TVUS.