

## What Is Salpingitis?

Salpingitis is a bacterial infection and inflammation in your fallopian tube, the area where fertilisation and transportation of sperm and egg happen.

## What are the symptoms of salpingitis?

Symptoms can vary and usually it depends on severity. Symptoms, if present, usually appear after the menstrual period. In milder cases, salpingitis may have no symptoms. This means the fallopian tubes may become damaged without the woman even realising she has an infection.

In moderate cases, you may experience abnormal vaginal discharge, with unusual color or smell, spotting between periods, dysmenorrhea (painful periods), pain during ovulation and uncomfortable or painful sexual intercourse. In severe cases fever, abdominal pain on both sides, lower back pain, frequent urination, nausea and vomiting may be present.

## Types of salpingitis?

Salpingitis is usually categorised as either acute or chronic.

**Acute salpingitis:** the fallopian tubes become red and swollen and secrete extra fluid so that the inner walls of the tubes often stick together. The tubes may also stick to nearby structures such as the intestines. Sometimes, a fallopian tube may fill with pus. In rare cases, the tube ruptures and causes a dangerous infection of the abdominal cavity (peritonitis).

**Chronic salpingitis:** Usually follows an acute attack, The infection is milder, longer lasting and may not produce many noticeable symptoms.

## What are the causes of salpingitis?

1. Lifestyle factors may significantly increase a woman's risk of contracting salpingitis and can include:

- Engaging in unprotected sexual intercourse without the use of physical barriers, such as condoms.
- Prior infection with a sexually transmitted disease.

2. Bacteria are the main cause of salpingitis. Some of the most common bacteria responsible for salpingitis include:

- Chlamydia
- Gonococcus (which causes Gonorrhoea)
- Mycoplasma
- Staphylococcus
- Streptococcus.

3. The bacteria must gain access to the woman's reproductive system for infection to take place. The bacteria can be introduced in a number of ways including:

- sexual intercourse
- insertion of an IUD (intra-uterine device).
- miscarriage
- abortion
- childbirth
- appendicitis.

## How is salpingitis diagnosed?

Diagnosing salpingitis involves physical examination and laboratory tests, including:

- General examination - to check for localized tenderness and enlarged lymph glands.
- Pelvic examination - to check for tenderness and discharge.
- Blood and urine tests - to check for infection markers.
- Vaginal & cervical swabs: to determine type of bacterial infection.
- Transvaginal and/or abdominal ultrasound- to image the pelvic organs specially the fallopian tubes.
- Laparoscopy - in some cases, the fallopian tubes may need to be viewed by a slender scope inserted through small abdominal incisions.

## What are the complications of salpingitis?

Without treatment, salpingitis can cause a range of complications, including:

- Further infection - the infection may spread to nearby structures, such as the ovaries or uterus.
- Infection of sex partners - the woman's partner or partners may contract the bacteria and become infected too.
- Tubo-ovarian abscess - about 15 per cent of women with salpingitis develop an abscess, which requires hospitalisation.
- Ectopic pregnancy - a blocked fallopian tube prevents the fertilised egg from entering the uterus. The embryo then starts growing inside the confined space of the fallopian tube. The risk of ectopic pregnancy for a woman with prior salpingitis or other form of pelvic inflammatory disease (PID) is around one in 20.
- Infertility - the fallopian tube may become deformed or scarred resulting in difficulty conceiving. After one bout of salpingitis or other PID, a woman's risk of infertility is about 15 per cent. This rises to 50 per cent after three bouts.

## How can salpingitis be treated?

Treatment depends on the severity of the condition, but may include:

- Antibiotics: to kill the bacteria that causes infection, which is successful in around 85 percent of cases.
- Hospitalisation: including intravenous administration of antibiotics
- Surgery: if the condition resists drug treatment.

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