



Pearl W. Yee, M.D. Inc.

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www.pearlyeemd.com

■ 2661 Ocean Avenue, San Francisco, CA 94132
(415) 405-0200 • (415) 405-0201 (Fax)

■ 1447 Powell Street, San Francisco, CA 94133
(415) 43-DrYee (433-7933) • (415) 433-1622 (Fax)

Chlamydia Patient Information

Chlamydia trachomatis is a very common infection of the genitourinary tract and is the most common sexually transmitted disease. Chlamydia infections are often present without symptoms and can be chronic and unrecognized, which is why this infection is so commonly spread.

Chlamydia is the major cause of infertility, pelvic infection and ectopic pregnancy. Chlamydia is more common among adolescents and young adults, individuals with multiple sex partners or a new partner, inconsistent use of barrier methods, clinical evidence of a cervical infection and a history of a previous sexually transmitted infection.

The CDC, Center for disease control recommends screening all women under the age of 25 every year routinely for Chlamydia infections, women over 25 who are at risk or have a new partner and all pregnant women are tested on the first prenatal visit. In the third trimester, rescreening is performed if under 25 or if at increased risk. If untreated, pregnant women have an increase in premature rupture of membranes, low birth weight, neonatal conjunctivitis and pneumonia. Fortunately, Chlamydia is an easily treatable infection with a very high cure rate. Sexual partners should also be treated to prevent re-infection and patients should be rescreened in 3 months since 10-15% of patients will show a re-infection. If a test of cure is necessary, patients need to wait at least 3 weeks after therapy for a repeat Chlamydia test. Testing for cure from Chlamydia is not generally recommended unless the patient has continued symptoms, treatment compliance is in question or is pregnant.

Chlamydia infections can occur at any age, cause acute symptoms of a discharge or pain with urinary symptoms or no symptoms at all. A Chlamydia infection will be tested for by a direct cervical swab. An acute infection will show a pus like cervical discharge, edema and friability by clinical exam. Chlamydia infections can also cause symptoms of a urinary tract infection without any bacteria seen on Gram stain (Chlamydia lives inside the cell). Occasionally, the infection will ascend the genital tract and cause a pelvic infection with fever and pelvic pain. Pelvic infections are more serious; however, uncommon if the initial Chlamydia infection is treated with antibiotics.

In a University or city clinic program, 10% (ranges from 4 to 14%) of women are found to be positive for Chlamydia on routine screening. Patients with a Chlamydia infection will also be screened for a gonorrhea infection, consider syphilis testing, be informed regarding safe sex practices and the risk of HIV. All patients should review what type of contraceptive method they are using.

Chlamydia is equally effectively treated with one gram of azithromycin (two tablets of 500 mg) as a single dose (safe in pregnancy) or 7 days of doxycycline 100mgs orally b.i.d (contraindicated in pregnancy). Alternative treatments include ofloxacin 300 mg twice a day for 7 days (contraindicated in pregnancy) or erythromycin 500 mg 4 times a day for 7 days (more data, consider if pregnant).