of exact probabilities of Fisher was carried out. A t student test was also done to determine significant defferencies among age averages. The RR was estimated by means of OR in tables 2×2, and its statistic meaning was determined through a CI at 95%, the aproximation of Woolf was used.

Results The age average in infertile women was of 30.4 years and in fertile woman 24.3 years. (4.486 -07), which is a highly significant difference. Bacterial vaginosis was detected in 72% of the infertile women and 30.9 % of pregnant women. *Candida* spp in 20% of infertile women and 65.4% of the controlled group. The presence of a highly significant statistic difference was proved when Fisher Test was applied. This difference was related to the distribution of microrganisms in both groups ($p<0.0001$). *Mycoplasma hominis* was isolated in 17% of infertile women and in 10% of fertile women. In the group of infertile women, *Ureaplasma urealyticum* was obtained in 42.70% of positive cultures; while in pregnant women, 2% was obtained. *U urealyticum* was not isolated in 57.30% of the infertile woman and in 98% of the pregnant ones. OR 83.92. CL for OR at 95% (17.37 to 397.05) statistically significant. In 54.30% of the infertile women and 98% of the pregnant ones, *Chlamydia trachomatis* was not isolated.

Conclusions The presence of bacterial vaginosis, *U urealyticum*, *C trachomatis* resulted to be a risk factor of female infertility.

P1-S3.08 PELVIC INFLAMMATORY DISEASE (PID) IN ADOLESCENTS AFTER TREATMENT FOR CERVICITIS

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Background We did a prospective study of incarcerated adolescents who had been treated for gonorrhoeal and/or chlamydial cervicitis to determine what proportion subsequently developed PID.

Methods We performed the study at the Harris County Juvenile Detention Center, Texas, where PID is relatively common. At the time of their mandated medical assessment, all incarcerated women submitted first-catch urine samples for chlamydia and gonorrhoea testing. We used Gen-Probe NAAT assays. At the time of treatment among those infected, we performed bimanual pelvic examinations to determine if they had PID. We used the PID diagnostic criteria of the US Centers for Disease Control and Prevention: the presence of adnexal or cervical motion or uterine tenderness. The bimanual examinations were performed by one of three experienced practitioners. We treated infected patients with no evidence of PID for chlamydial and gonococcal cervicitis with 1 gm of azithromycin and 400 mg of cefixime, even if they were positive for only one of the two organisms. We treated for both organisms in case that one test was falsely negative. Treatment was observed by clinic staff; if the medicine was vomited, treatment was repeated following the administration of an anti-emetic. We followed all treated women for 30 days or until released, to determine if they developed PID after treatment for cervicitis. During incarceration, they had no opportunity for sexual intercourse.

Results We evaluated 61 adolescents with no evidence of PID, who were treated for chlamydia and gonorrhoea between 29 March 2010 and 27 December 2010. Their mean age was 15.6 (SD 1.2) years; 45% were black, 31% Hispanic, and 24% white. Duration of follow-up after treatment ranged from 6 to 30 days. During follow-up, 8 of 62 (13%) developed lower abdominal pain and had bimanual pelvic examination findings that supported the diagnosis of PID. All but one patient developed PID at least 10 days after cervicitis treatment (range 3–30 days).

Conclusion In incarcerated adolescents treated for gonorrhoeal and/or chlamydial cervicitis, 13% met the criteria for PID in the month subsequent to treatment, even though their therapy was directly observed, and they were not re-exposed to these organisms. Our data suggest that appropriate treatment for cervicitis does not rule out the possibility of subsequent PID even without exposure to gonorrhoea or chlamydia.

P1-S3.09 ESTIMATING THE INCIDENCE OF PID FOLLOWING CHLAMYDIA INFECTION IN SEX WORKERS

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Background There is a lack of consensus on the true incidence of PID following chlamydia infection with few published prospective studies. We have used data from an old prospective cohort of sex workers to investigate the association between *Chlamydia trachomatis* and subsequent pelvic inflammatory disease (PID).

Methods 598 sex workers were recruited between 1985 and 1993 in London. Self-reported exposure to chlamydia and gonorrhoea at enrolment, and diagnoses of chlamydia, gonorrhoea, trichomoniasis, bacterial vaginosis (BV), candida and PID during the study were recorded. Chlamydia was diagnosed by direct immunofluorescence.

Abstract P1-S3.09 Table 1 Crude rate and crude and adjusted HRs of PID for all women and classified by exposure to chlamydia and gonorrhoea

	Number of PID cases	Crude rate of PID, per 100 women per year (95% CI)	Crude HR (95% CI)	p	Adjusted* HR (95% CI) (*incident case of gonorrhoea, history of chlamydia and gonorrhoea at enrolment)	p
All women	38	11.33 (8.22 to 15.56)				
Incident case of chlamydia						
No	26	10.10 (6.88 to 14.83)	reference		reference	
Yes	12	17.20 (9.77 to 30.28)	1.87 (0.92 to 3.79)	0.083	1.49 (0.65 to 3.40)	0.341
Incident case of gonorrhoea						
No	32	11.07 (7.83 to 15.66)	reference		reference	
Yes	6	12.90 (5.80 to 28.72)	1.36 (0.55 to 3.38)	0.503	0.82 (0.28 to 2.39)	0.715
Past history of chlamydia						
No	13	7.58 (4.40 to 13.06)	reference		reference	
Yes	17	16.89 (10.50 to 27.16)	2.19 (1.06 to 4.54)	0.035	2.06 (0.99 to 4.30)	0.054
Past history of gonorrhoea						
No	14	9.19 (5.44 to 15.51)	reference		reference	
Yes	20	13.34 (8.63 to 20.74)	1.53 (0.77 to 3.06)	0.226	1.75 (0.81 to 3.80)	0.154