CONDITION

Cervicitis

Learn about cervicitis, including possible symptoms, sexually transmitted and noninfectious causes, testing, treatment, partner care, and when to seek urgent help.

WHAT IT IS
Inflammation of the cervix

BODY SYSTEM
Reproductive system

MAIN SYMPTOMS
Unusual vaginal discharge, bleeding between periods, pain during sex, pelvic discomfort

WHAT CAUSES IT
Infection, irritation, or unknown

HOW IT IS DIAGNOSED
Pelvic examination and nucleic acid amplification tests

MAIN TREATMENT
Antibiotics, antivirals, or avoiding irritants

CAN IT BE CURED?
Sometimes - most infectious cases are treatable

IS IT AN EMERGENCY?
Sometimes - severe pelvic pain or fainting

LONG-TERM OUTLOOK
Usually manageable, but untreated infection may impair fertility

Overview

Cervicitis is inflammation of the cervix. The cervix is the narrow, lower part of the uterus that opens into the vagina. Inflammation can make the cervix swollen, produce discharge, or cause it to bleed easily.

Some cases are caused by a sexually transmitted infection (STI), especially chlamydia or gonorrhea. Other infections, changes in vaginal bacteria, and noninfectious irritation may also contribute. Sometimes no specific cause is found.

Cervicitis often causes no symptoms. When symptoms do occur, they can resemble vaginitis, a urinary tract infection, or other pelvic conditions. Testing is important because symptoms alone cannot show which infection, if any, is present.

Treatment depends on the cause. Most infectious cases can be treated, but untreated chlamydia or gonorrhea may spread into the uterus and fallopian tubes. This can lead to pelvic inflammatory disease (PID), which may affect fertility or increase the risk of an ectopic pregnancy.

Cervicitis is not the same as cervical cancer or an abnormal cervical screening result. However, unexplained bleeding still needs medical assessment because several conditions can cause it.

Symptoms

Many people with cervicitis feel well and learn about it during an examination or STI test. When symptoms are present, they may include:

These symptoms are not specific to cervicitis. Vaginal infections, urinary infections, cervical polyps, hormonal changes, pregnancy-related conditions, and other causes can produce similar symptoms.

Fever, worsening pelvic or lower abdominal pain, vomiting, or feeling very unwell may suggest that infection has moved beyond the cervix. These symptoms need prompt medical evaluation.

- Unusual vaginal discharge, which may look yellow, cloudy, or mucus-like
- Bleeding between periods or after vaginal sex
- Pain or bleeding during sex
- Pelvic pressure or mild lower abdominal discomfort
- Burning with urination
- Increased vaginal irritation

Causes and risk factors

Chlamydia and gonorrhea are common infectious causes of cervicitis. Both can be present without symptoms. They are usually passed through vaginal, anal, or oral sexual contact.

Other infections associated with cervicitis include trichomoniasis and Mycoplasma genitalium . Genital herpes, particularly a new herpes simplex virus type 2 infection, can sometimes inflame the cervix. However, the value of routine herpes testing specifically for cervicitis is uncertain.

Bacterial vaginosis may occur along with cervicitis. Bacterial vaginosis is an imbalance in the usual bacteria in the vagina; it is not considered an STI, although sexual activity can influence

the risk.

Not every case is caused by infection. Possible noninfectious contributors include chemical irritation, frequent vaginal douching, sensitivity to products used in the vagina, and irritation from a recent cervical procedure. Persistent inflammation may also occur without an identifiable cause. In that situation, a clinician may consider cervical polyps, abnormal cervical cells, or other conditions that can cause bleeding or discharge.

Factors associated with a greater chance of an STI-related cause include:

These factors help guide testing and treatment, but they do not prove that a person has an infection. Cervicitis can affect anyone with a cervix, including cisgender women, transgender men, and nonbinary people.

- Being younger than 25
- Having a new sexual partner or more than one partner
- Having a partner with an STI or with other sexual partners
- Not using condoms consistently
- Having had an STI before
- Having a sexual partner who has not been tested or treated

Diagnosis

A clinician will ask about symptoms, menstrual bleeding, pregnancy possibility, recent sexual contacts, contraception, prior STIs, and any vaginal products or procedures. These questions help select appropriate tests and should be handled confidentially and without judgment.

During a pelvic examination, a speculum may be used to view the cervix. Findings that support cervicitis include mucus or pus coming from the cervical opening and bleeding that occurs easily when the cervix is gently touched. A normal-looking cervix does not fully rule out infection.

A vaginal or cervical swab, or sometimes a urine sample, is usually tested for chlamydia and gonorrhea with a nucleic acid amplification test. This highly sensitive test looks for genetic material from the organisms.

Testing may also include:

Looking at a sample under a microscope can sometimes identify trichomoniasis, but this method misses many infections. A more sensitive laboratory test may be needed when symptoms or examination findings suggest trichomoniasis.

A cervical cancer screening test, often called a Pap test, does not replace STI testing. Likewise, STI testing does not replace cervical cancer screening. Each looks for different health concerns.

- Tests for trichomoniasis and bacterial vaginosis
- A pregnancy test when pregnancy is possible
- HIV and syphilis testing when an STI is suspected
- Testing for Mycoplasma genitalium when cervicitis continues or returns after treatment
- Assessment for PID if pelvic pain, cervical tenderness, or other concerning findings are present

Treatment and management

Treatment is based on the likely cause, test results, pregnancy status, medication allergies, and the chance that follow-up may be difficult. A clinician may recommend treatment before test results return if the chance of chlamydia or gonorrhea is significant. In lower-risk situations where follow-up is reliable, treatment may sometimes wait for results.

Antibiotics like amoxicillin or doxycycline are used for bacterial causes. Chlamydia, gonorrhea, trichomoniasis, and Mycoplasma genitalium require different medicines, so accurate testing matters. Gonorrhea may also be resistant to some antibiotics. It is important to take the prescribed medicine exactly as directed and not use leftover antibiotics or someone else's medication.

Bacterial vaginosis or trichomoniasis should be treated when detected. If genital herpes is diagnosed, antiviral treatment may be discussed. Noninfectious cervicitis is managed by removing or avoiding the suspected irritant and checking for other cervical conditions.

Repeated antibiotics are not always helpful when tests remain negative and inflammation continues. Persistent symptoms may need evaluation by a gynecologist to look for polyps, abnormal tissue, ongoing irritation, or another source of bleeding.

People being treated for an STI should avoid sexual contact until treatment is complete, symptoms have resolved, and relevant partners have been treated. The exact waiting period depends on the infection and treatment used. Condoms and other barriers can lower the chance of transmitting or acquiring many STIs, although they do not eliminate all risk.

Recent sexual partners may need testing and treatment if chlamydia, gonorrhea, or trichomoniasis is identified. Treating partners helps prevent reinfection. A clinician or public health service can explain confidential partner-notification options.

Pregnancy affects which medicines are appropriate and may change follow-up plans. Anyone who is pregnant or may be pregnant should tell the treating clinician rather than delaying care or treating themselves.

An intrauterine device, or IUD, usually does not need to be removed solely because cervicitis is diagnosed. Decisions about an IUD should be made with the treating clinician, especially if PID is also suspected.

Complications

Cervicitis itself is usually manageable. The main concern is an untreated infection, especially chlamydia or gonorrhea, spreading upward from the cervix. This can cause PID, an infection involving the uterus, fallopian tubes, or nearby pelvic tissues.

PID may cause pelvic pain, fever, pain during sex, or abnormal bleeding, but it can also be mild. Delayed treatment can increase the risk of scar tissue in the fallopian tubes, difficulty becoming pregnant, chronic pelvic pain, and ectopic pregnancy. An ectopic pregnancy develops outside the uterus and cannot continue normally.

During pregnancy, some infections linked to cervicitis can affect the pregnancy or be passed to the baby around delivery. The specific risks depend on the organism, so testing and appropriate treatment are important.

Cervical inflammation may also make HIV transmission or acquisition more likely when exposure occurs. People diagnosed with cervicitis related to an STI are commonly offered HIV testing and prevention counseling suited to their circumstances.

Follow up

Routine follow-up may be recommended to confirm that symptoms and cervical inflammation have resolved. Contact the clinic if symptoms continue after treatment, return later, or worsen. Ongoing symptoms do not always mean that the first treatment failed. Reinfection, an untreated partner, another infection, irritation, or a noninfectious cervical condition may be responsible.

After treatment for chlamydia, gonorrhea, or trichomoniasis, repeat testing is generally recommended about three months later because reinfection is common. This is different from a test performed soon after treatment to confirm that an infection has cleared. The clinician will explain whether either type of testing is needed.

Keep routine cervical cancer screening appointments based on age, medical history, and prior

results. Seek routine medical assessment for repeated bleeding after sex, bleeding between periods, or continuing unusual discharge, even when STI tests are negative.

Seek urgent medical care for:

Seek emergency care for severe pelvic or abdominal pain, fainting, confusion, trouble breathing, or heavy bleeding that is soaking through pads quickly. Severe pain or fainting when pregnancy is possible requires emergency assessment because an ectopic pregnancy must be ruled out.

- Fever with pelvic or lower abdominal pain
- New or worsening moderate to severe pelvic pain
- Repeated vomiting or difficulty keeping fluids down
- Pain or bleeding during pregnancy
- Symptoms that rapidly worsen despite treatment

Sources

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