



## **MUCOPURULENT CERVICITIS (MPC)**

<b>DEFINITION</b>	Inflammatory process of cervix with the presence of mucopurulent discharge from the cervix; etiology may be infection of ecto or endo cervix, neoplasia, inflammatory systemic process, or trauma/chemical irritation.
<b>SUBJECTIVE</b>	May include: <ol style="list-style-type: none"><li>1. No symptoms.</li><li>2. Abnormal vaginal discharge.</li><li>3. Abnormal vaginal bleeding (i.e., post-coital).</li><li>4. Dysuria or urinary frequency.</li><li>5. Sexual partner with symptoms of penile discharge, dysuria, or history of NGU, epididymitis or prostatitis.</li></ol>
<b>OBJECTIVE</b>	May include: <ol style="list-style-type: none"><li>1. Mucopurulent (green or yellow) discharge from/on the cervix.</li><li>2. Ectropion cervix.</li><li>3. Cervical erythema and/or contact bleeding...</li><li>4. Mild tenderness on compression of cervix.</li></ol>
<b>LABORATORY</b>	May include: <ol style="list-style-type: none"><li>1. Vaginal/endocervical wet prep to rule out coexisting vaginal infection and assess polymorphonuclear leukocytes (WBCs).</li><li>2. Test for chlamydia and gonococcal infection (although in most cases of MPC, neither organism can be isolated).</li><li>3. HIV testing.</li></ol>
<b>ASSESSMENT</b>	Mucopurulent cervicitis.
<b>PLAN</b>	<ol style="list-style-type: none"><li>1. Treatment for chlamydia only, if the prevalence of <i>N. gonorrhoeae</i> is low but the likelihood of chlamydia is substantial (see Chlamydia Infection Protocol).</li><li>2. Treatment for gonorrhea and chlamydia in client populations with high prevalence of both infections (see Gonococcal Infection Protocol).</li><li>3. Await test results if the prevalence of both infections are low and if compliance with recommendation for a return visit is likely.</li><li>4. Clients who have MPC and also are infected with HIV should receive the same treatment regimen as those who are HIV negative.</li></ol>

<b>CLIENT EDUCATION</b>	<ol style="list-style-type: none"><li>1. Provide client education handout(s) with review of symptoms, treatment options, and medication side effects.</li><li>2. Review safer sex education, if appropriate.</li><li>3. Recommend that client RTC PRN.</li></ol>
<b>CONSULT / REFER TO PHYSICIAN</b>	<ol style="list-style-type: none"><li>1. Clients whose symptoms do not resolve following treatment.</li></ol>

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References:

1. Centers for Disease Control and Prevention, Sexually Transmitted Diseases Treatment Guidelines MMWR 2010; 59 December 2012 (RR12), 43-44  
[www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)
2. [www.cdc.gov/std/stats](http://www.cdc.gov/std/stats). Sexually Transmitted Disease Surveillance, 2011.