

Sexually Transmitted Diseases/Infections

Mucopurulent Cervicitis (MPC)

Cervicitis frequently is asymptomatic; however, two major diagnostic signs characterize cervicitis: 1) a purulent or mucopurulent endocervical exudate visible in the endocervical canal or on an endocervical swab specimen (commonly referred to as mucopurulent cervicitis or cervicitis); and 2) sustained endocervical bleeding easily induced by gentle passage of a cotton swab through the cervical os. Cervicitis may be a sign of an upper genital-tract infection. Women seeking medical treatment for a new episode of cervicitis should also be assessed for signs of PID and tested for chlamydia and gonorrhea.

When an etiologic organism is isolated in the presence of cervicitis, it is typically *C. trachomatis* or *N. gonorrhoeae*. Cervicitis also can accompany trichomoniasis and genital herpes (especially primary HSV-2 infection). However, in most cases of cervicitis, no organism is isolated, especially in women at relatively low risk for recent acquisition of these STDs (e.g., women aged >30 years).

For reasons that are unclear, cervicitis can persist despite repeated courses of antimicrobial therapy. Because most persistent cases of cervicitis are not caused by relapse or reinfection with *C. trachomatis* or *N. gonorrhoeae*, other factors (e.g., persistent abnormality of vaginal flora, douching, or idiopathic inflammation in the zone of ectopy) might be involved.

MPC is not a reportable condition in North Carolina.

For more information:

- CDC STD Treatment Guidelines 2010 – Diseases characterized by urethritis and cervicitis, www.cdc.gov/std/treatment/2010/urethritis-and-cervicitis.htm