Mucopurulent Cervitis (MPC) – RD 12

DEFINITION

Inflammatory process 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.

SUBJECTIVE

May include:

1. No symptoms
2. Risk factors for STDs
3. Abnormal vaginal discharge
4. Abnormal vaginal bleeding (i.e., post-coital or intermenstrual)
5. Dysuria or urinary frequency
6. Abdominal pain
7. Fever, chills or body aches
8. Dyspareunia
9. Nausea/vomiting
10. Sexual partner with symptoms of urethral discharge, dysuria, or history of NGU, epididymitis or prostatitis

OBJECTIVE

May include:

1. Mucopurulent (green or yellow) discharge from/on the cervix
2. Cervical erythema and/or contact bleeding
3. Mild tenderness on compression of cervix
4. Uterine or adnexal tenderness
5. Assess for PID: See RD-13; review minimum criteria for empirical treatment of PID in sexually active women or other women at risk for STIs with complaints of pelvic or lower abdominal pain

LABORATORY

May include:

1. Vaginal/endocervical wet prep to rule out coexisting vaginal infection and assess polymorphonuclear leukocytes (WBCs)
2. Test for chlamydia and gonococcal infection (although in most cases of MPC, neither organism can be isolated)
3. HIV and syphilis testing
4. Pregnancy testing as indicated; rule out ectopic pregnancy with patients who report pelvic or lower abdominal pain
5. Mycoplasma testing

ASSESSMENT

Mucopurulent cervicitis

PLAN

1. **Recommended Treatment:** Doxycycline 100 mg orally 2 times/day for 7 days ***
    a. *** Do not use doxycycline in pregnancy or when non-pregnant state cannot be reasonably certain
2. **Alternative Regimen:** Azithromycin 1 g orally in a single dose.
3. Treatment for chlamydia only if the prevalence of N. gonorrhea is low but the likelihood of chlamydia is substantial (see Chlamydia Infection Protocol RD-1)

4. Treatment for gonorrhea and chlamydia in client populations with a high prevalence of both infections (see Gonococcal Infection Protocol RD-2)
5. Provide EPT, if appropriate
6. Await test results if the prevalence of both infections is low and if compliance with the recommendation for a return visit is likely
7. Clients who have MPC and are infected with HIV should receive the same treatment regimen as those who are HIV negative

CLIENT EDUCATION

1. Provide client education handout(s) with a review of symptoms, treatment options, and medication side effects
2. Abstain from intercourse for 7 days after treatment of both partners (if applicable) to prevent reinfection and transmission
3. Review safer sex education, if appropriate
4. Recommend that client RTC PRN

CONSULT / REFER TO PHYSICIAN

1. Clients whose symptoms do not resolve following treatment.
2. Patient is pregnant
3. When surgical emergency cannot be ruled out (i.e., ectopic, appendicitis)
4. Severe illness including high fever, nausea, vomiting or criteria met for hospitalization

REFERENCES

1. U.S. Department of Health and Human Services Centers for Disease Control and Prevention. (2021). Sexually transmitted infections treatment guidelines, 2021. *Morbidity and Mortality Weekly Report*, 70(4); 1-187. Retrieved from https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf
2. Marrazzo, J. & Park, I.. (2025).Reproductive tract infections, including HIV and other sexually transmitted infections. In R. A. Hatcher, P. Cason, C. Cwiak, A. Edelman, D. Kowal, J. M. Marrazzo, … M. S. Policar (Eds.), *Contraceptive technology* (pp. 621-663). (22nd ed.). Jones & Bartlett Learning
3. Kelsey, B., Nagtalon-Ramos, J., Quaile, H. (2021). Gynecologic, reproductive, and sexual disorders. In B. Kelsey & J. Nagtalon-Ramos (Eds.), *Midwifery & women's health nurse practitioner certification review guide* (pp. 175- 221). (5th ed.). Jones & Bartlett Learning