**ABSTRACT**

**Objective:** This study aimed to compare pelvic inflammatory disease (PID) symptoms in curettage procedure with three antibiotic prophylaxis strategies.

**Methods:** The patients were allocated to three Groups (A, B, and C). Group A was patients receiving prophylactic antibiotics and post-curettage antibiotics, Group B received prophylactic antibiotics without post-curettage antibiotics, and Group C did not receive prophylactic antibiotics but received post-curettage antibiotics. The outcomes measured to identify the occurrence of PID symptoms included leukocytes, erythrocyte sedimentation rate, temperature, pain, vaginal discharge, and bleeding.

**Results:** This study shows that there were no significant differences in any PID symptoms between antibiotic strategies except for pain scale (p=0.03).

**Conclusion:** The PID symptoms between the three strategies of antibiotic prophylaxis were similar.

**Keywords:** Antibiotic prophylaxis, Curettage, Obstetrics and gynecology department, Pelvic inflammatory disease.

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**INTRODUCTION**

The antibiotic discovery is confined [1], but there is an abundant use of antibiotics not only occur at community [2] but also at the hospital [3,4]. The perspective database (Premier Inc., Charlotte, NC), a voluntary database that captures data from >500 acute-care hospitals from throughout the United States, was used to analyze antibiotic use in women who underwent inpatient or outpatient gynecologic surgery between 2003 and the first quarter of 2010. The database analysis result shows that antibiotics are increasingly being administered to women who underwent gynecologic surgery from 89.0% in 2003 to 90.7% in 2010 (p<0.001). Among 491,071, who underwent operations for which antibiotics were not recommended, antibiotics were administered to 197,226 (40.2%); among 545,332 women who underwent procedures for which antibiotics were recommended, 87.1% received appropriate antibiotic prophylaxis, 2.3% received non-guideline-recommended antibiotics, and 10.6% received no prophylaxis [5].

Prophylactic antibiotics aim to prevent the incidence of surgical wound infections, reduce the incidence of post-operative morbidity and mortality, inhibit the emergence of normal resistant flora, and reduce the cost of treatment. In general, prophylactic antibiotics in the surgical procedure are not used to sterilize tissues but to suppress the presence of microorganisms until the patient’s immune system can resist the occurrence of infection.

**RESULTS**

The selection of antibiotics used in hospitals is based on the policy or guidelines on the use of antibiotics, diagnostic and therapeutic guidelines, as well as the hospital formulary. Therefore, each hospital has a different policy with regard to the use of antibiotics, since the principle of antibiotic selection is based on the conditions in each hospital, including the fitness of antibiotics with local bacterial sensitivity in the hospital, as well as the cost-effectiveness of the antibiotics used. The benefit of the administration of prophylactic antibiotics for curettage procedure remains unclear and controversial. Some studies suggest that antibiotic prophylaxis in curettage is ineffective while others found that antibiotic prophylaxis in curettage is effective in reducing the occurrence of infection.

A study conducted at a private secondary care hospital with 50 beds, PKU Muhammadiyah Hospital, Jalan K.H.M Mansyur 180–182, in Surabaya, Indonesia. From May 2015 to July 2016, there were 60 subjects who met study criteria and were classified into three groups:
One-way ANOVA or non-parametric Kruskal–Wallis tests were used to analyze the data's distribution and significance statistically.

RESULTS AND DISCUSSION

Curettage is the most common service done in PKU Muhammadiyah Hospital, and on average, there are 15 patients per month with various indications, either based on diagnostic indications, such as irregular menstrual bleeding, severe menstrual bleeding, and postmenopausal bleeding, or therapeutic indications, such as endometrial hyperplasia, endometrial polyps, stem submucosal myomas, residual conception products after abortion, and failed abortions. PKU Muhammadiyah Hospital does not have any antibiotic guidelines for the curettage procedure, even though antibiotics are always given to the patient. This study showed that the patients' characteristics were similar. The average age was 32 years in Group A, 30 years in Group B, and 35 years in Group C. There were several patient curettage indications (Table 1). The common curettage indication was abortion: 65% in Group A, 65% in Group B, and 70% in Group C. The rate of abortion indication in this hospital is similar to other health facilities in Indonesia. A study conducted in the year 2000 from some health facilities in six regions in Indonesia showed that approximately two million abortions were done in Indonesia, including an unknown number of spontaneous abortions, which was underestimated [15]. The annual abortion rate is 37 in every 1000 women with reproductive ages of 15–49 years. The study also reported that 760,000 (17%) of the 4.5 million annual births were unwanted or unplanned. The situation in Indonesia is high compared to other Asian countries, with 29 abortions in every 1000 women [16].

The occurrence of the PID symptoms between groups was similar, except pain (Table 2). The mean NPSR Group A was 1.5 (group A), Group B was 1.75, and Group C was 1.05 (p=0.03). The mean NPSR between Groups A and B was 0.45, indicating a difference of 0.45 with an increasing tendency in Group A (since the value was positive). The mean NPSR between Groups A and B was 0.25, indicating a difference of 0.25 with an increasing tendency in Group B (since the value was negative). The NPSR mean difference between Groups A and B was 0.7, indicating a difference of 0.7 with an increasing tendency in Group B (since the value was positive). Unlike a study at Bengaluru [17], this study shows that there are no significant differences in any PID symptom except pain between antibiotic strategies. This result confirms a previous study which showed that there was no significant difference found between high-risk patients treated with ceftriaxone or ampicillin/picampicillin and metronidazole [13]. In addition, a systematic review concluded that the antibiotic prophylaxis effectiveness is similar between several antibiotic regimens [18].

Although rare, it is possible to develop multivalvular, right-sided, and left-sided endocarditis [19,20] or endogenous candida endocarditis [21]. Consideration to give antibiotic prophylaxis is for the patient which have the endocarditis or endocarditis risk. In general, the antibiotic is not effective to prevent PID after curettage [22,23]. A study in 67 women, 1 month after an endometrial curettage, PID occurs in four women from intervention group who received doxycycline 200 mg daily for 1 week after the procedure and three women from the control group who did not receive any antibiotic regimen [p>0.05] [24]. Another study with 84 women with uterine curettage showed that only two cases of endometritis were found in the group who were given 0.1 ml of Vitamin B complex intravenously 20 minutes before curettage but none in the group who 1 g of cefoxitin intravenously 20 minutes before curettage (p=0.241) [25].
CONCLUSION
There was no significant difference except pain in the occurrence of PID's symptoms after curettage procedure and there was no difference in improvement of symptoms between the three strategies of antibiotic prophylaxis, pre- and post-curettage procedure.

AUTHORS' CONTRIBUTIONS
All authors contributed equally. All authors read and approved the final manuscript.

CONFLICTS OF INTEREST
All authors have none to declare.

REFERENCES
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Discontinued in Scopus as of 2018

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India

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- Pharmacology, Toxicology and Pharmaceutics
- Pharmaceutical Science
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- SJR is a measure of scientific influence of journals that accounts for both the number of citations received by a journal and the importance or prestige of the journals that accounts for both the number of citations received by a journal and the importance or prestige of the journals.
- The SJR is a size-independent prestige indicator that ranks journals by their 'average prestige per article'. It is based on the idea that 'all citations are not created equal'. SJR measures the scientific influence of the average article in a journal.

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- Evolution of the number of published documents. All documents from a journal and divides them by the total number of documents published in that journal. The chart shows the evolution of the average number of documents published in a journal.

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- This indicator counts the number of citations received by a journal's published documents during the three previous years. Evolution of the number of total citation per document.

**% International Collaboration**

- The chart shows the ratio of a journal's articles including substantial research and therefore "citable", this chart shows the ratio of a journal's items, grouped in three years.

**Citable documents**

- Citable documents include research articles, reviews and conference papers.

**Uncited documents**

- Uncited documents are those research articles, conference papers and reviews in a journal that have not been cited during the following year.

**Cites / Doc.**

- Evolution of the number of cited documents and non-citable documents.

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- Not every article in a journal is considered primary research and therefore "citable", this chart shows the ratio of a journal's items, grouped in three years.

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Best Regards, SCImago Team

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Dear Sagar,

Every year SJR ranking is updated on June. There is no any update for AJPCR on June 2020. Will there be no update in future??

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Dear Sagar,

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Dear journal Editor

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Dear GAF,

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Does Asian Journal of Pharmaceutical and Clinical Research is a fake journal?

reply

Does AJPCR have impact factor? Thanks

reply

Asian journal of pharmaceutical and clinical research is Elsevier indexed journal?

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Best Regards,
SCImago Team

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Best Regards, SCImago Team

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we are beginner and want to publish our observation. We are interesting to publish it in this journal. Could you tell us the price to publish in your journal? Thank you

Best regards,
Tamara Amelia
Faculty of Pharmacy
Universitas Indonesia

reply

It is currently 100 USD (2018)

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Best Regards, SCImago Team
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