Table 108. Regimens for the Treatment of Pelvic Inflammatory Disease (PID) in Adolescents

Outpatient regimens
- Regimen A
  - Ofloxacin, 400 mg PO twice daily for 14 days
  - PLUS
  - Metronidazole, 500 mg PO twice daily for 14 days
- Regimen B
  - Ceftriaxone, 250 mg IM once
  - OR
  - Cefoxitin (2 mg IM) plus probenecid (1 g PO) in a single dose concurrently once
  - OR
  - Another parenteral third-generation cephalosporin (e.g., ceftizoxime or cefotaxime)
  - PLUS
  - Doxycycline, 100 mg orally twice daily for 14 days

Inpatient regimens
- Parenteral regimen A
  - Cefotetan, 2 g IV every 12 hours
  - OR
  - Cefoxitin, 2 g IV every 6 hours
  - PLUS
  - Doxycycline, 100 mg IV or PO every 12 hours
- Parenteral regimen B
  - Clindamycin, 900 mg IV every 8 hours
  - PLUS
  - Gentamicin loading dose IV or IM (2 mg/kg of body weight), followed by a maintenance dose (1.5 mg/kg) every 8 hours; single daily dosing may be substituted

The safety and effectiveness of fluoroquinolones (e.g., ciprofloxacin, ofloxacin, nurfloxacin, enoxacin) in patients younger than 18 years, pregnant women, and lactating women has not been established; therefore, fluoroquinolones are presently not recommended in these patients.
IM, intramuscularly; IV, intravenously; PO, orally.

Table 109. Uncomplicated Gonococcal Infection: Treatment in Children Beyond the Newborn Period and in Adolescents. Recommended Antimicrobial Regimens Include Therapy for Presumed Concomitant Infection with *Chlamydia trachomatis*[a]

Disease	Prepubertal Children Who Weigh <100 LB (45 kg)	Disease	Patients Who Weigh >100 LB (45 kg) and Are 9 Years or Older
Uncomplicated vulvovaginitis, urethritis, proctitis, or pharyngitis	Ceftriaxone, 125 mg IM,[b] in a single dose **OR** Spectinomycin[c] (max 2 g), IM, in a single dose **PLUS** Erythromycin,[e] 40 mg/kg/d in divided doses for 7 d	Uncomplicated endocervicitis, or urethritis	Ceftriaxone, 125 mg IM,[b] in a single dose **OR** Ciprofloxacin,[d] 500 mg orally, in a single dose **OR** Cefixime, 400 mg orally, in a single dose **OR** Oftoxacin,[d] 400 mg orally, in a single dose **OR** Spectinomycin,[c] 2 g IM, in a single dose **PLUS** Doxycycline, 100 mg orally, twice daily for 7 d[f] **OR** Azithromycin, 1 g orally, in a single dose

[a] Hospitalization should be considered, especially for patients who have been treated as outpatients and have failed to respond, and for those who are unlikely to adhere to treatment regimens.
[b] Some clinicians believe the discomfort of an IM injection can be reduced by using 1% lidocaine as a diluent.
[c] Spectinomycin is not recommended for treatment of pharyngeal infections; in persons who cannot take a cephalosporin, a quinolone, or spectinomycin, a 5-d oral regimen of trimethoprim-sulfamethoxazole may be given.
[d] Quinolones are contraindicated for persons younger than 18 years, pregnant women, and nursing women.
[e] Doxycycline can be given instead of erythromycin if the child is 9 years or older.
[f] Tetracycline, 500 mg, four times daily, can be substituted for doxycycline.
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Table 110. Complicated Gonococcal Infection: Treatment for Children Beyond the Newborn Period and for Adolescents[a]

Disease	Prepubertal Children Who Weigh <100 LB (45 kg)	Disease	Patients Who Weigh >100 LB (45 kg) and Are 9 Years or Older
Ophthalmia, peritonitis, bacteremia, or arthritis	Ceftriaxone, 50 mg/kg/d (max 1 g/d) IV or IM,[c] once daily for 7 d	Gonococcal pharyngitis Pelvic inflammatory disease	Ceftriaxone, 125 mg IM,[c] in a single dose See Table 86

[a] In all cases, in addition to the recommended treatment for gonococcal infection, doxycycline (100 mg orally, twice daily for 7 d), tetracycline (500 mg, 4 times daily for 7 d), or azithromycin (1 g orally, in a single dose) is recommended on the presumption that the patient has concomitant infection with Chlamydia trachomatis, for children younger than 9 y and pregnant women, erythromycin is recommended.
[b] Hospitalization is required; follow-up cultures are necessary to ensure that treatment has been effective.
[c] Some clinicians believe the discomfort of IM injection can be reduced by using 1% lidocaine as a diluent.
[d] Such as the arthritis-dermatitis syndrome.
[e] Spectinomycin is not recommended for treatment of pharyngeal gonococcal infection. For patients who cannot take a cephalosporin, spectinomycin, or a quinolone, a 5-d oral regimen of trimethoprim-sulfamethoxazole may be given.
[f] Alternatively, parenteral therapy can be discontinued 24–48 h after improvement begins and a 7-d course is completed with an appropriate oral antimicrobial. Some experts advise a 10- to 14-d course of therapy.
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