STI
VISUAL HANDBOOK

Possible signs, transmission, testing, treatment and the details people most often miss.

START HERE

Many sexually transmitted infections have no symptoms. No photo, rash or discharge can confirm an STI. Testing is the only reliable way to know.

How to use this handbook

A picture can guide a conversation - never a diagnosis.

1. Match testing to exposure

- Urine or a genital swab does not rule out throat or rectal infection.
- Tell the clinician where exposure occurred: mouth/throat, vagina/cervix, penis/urethra and/or rectum.
- Blood tests are used for HIV, syphilis and hepatitis; swabs/urine for many bacterial STIs.

2. Stop reinfection

- Finish the prescribed treatment and follow the no-sex interval.
- Recent partners may need testing and treatment even with no symptoms.
- Retesting is often advised at about 3 months after chlamydia, gonorrhea or trichomoniasis.

3. Reduce risk

- Use external or internal condoms and barriers correctly for vaginal, anal and oral sex.
- Vaccines prevent HPV and hepatitis B; JYNNEOS helps prevent monkeypox for eligible people.
- PrEP prevents HIV before exposure; PEP must start within 72 hours after a possible exposure.

4. Test on a schedule

- At least one HIV test is recommended for ages 13-64; more often with ongoing risk.
- Annual chlamydia/gonorrhea screening is recommended for sexually active women under 25 and others at increased risk.
- Pregnancy needs early testing for syphilis, HIV and hepatitis B, plus other tests based on risk.

Get urgent care now

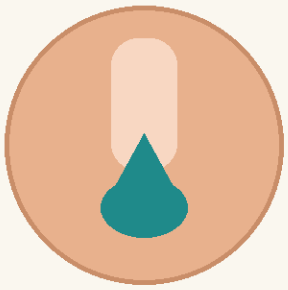
- Possible HIV exposure within 72 hours: ask for PEP immediately.
- Severe lower abdominal/pelvic pain, fever, fainting or possible pregnancy: rule out PID or ectopic pregnancy.
- Testicular pain/swelling, severe rectal pain/bleeding, eye pain/vision change, sudden hearing loss, severe headache/confusion, or widespread painful rash.
- Pregnant and exposed to syphilis, herpes, HIV, hepatitis B or monkeypox: contact prenatal care promptly.

Sources: [1], [2] and infection-specific CDC guidance

Chlamydia

Chlamydia trachomatis

BACTERIAL CURABLE



What it may look or feel like

OFTEN SILENT

- Usually no symptoms.
- If present: abnormal vaginal or penile discharge and burning when urinating.
- Rectal infection may cause pain, discharge or bleeding; throat infection is often silent.

How it spreads

- Vaginal, anal or oral sex with an infected partner.
- Can pass during childbirth.
- A person can transmit it without symptoms and can get it again after cure.

Testing and follow-up

- NAAT lab test using urine or a swab from exposed sites: vagina/cervix, urethra, rectum or throat.
- Retest about 3 months after treatment. Partners from the prior 60 days generally need evaluation and treatment.

Treatment and aftercare

- Adults: doxycycline is usually first-line for 7 days. Pregnancy and adherence concerns can change the antibiotic choice.
- Do not share or save antibiotics. Finish every dose.
- No sex until treatment is complete, symptoms have resolved, and partners are treated; follow your clinician's timing.

Do not miss

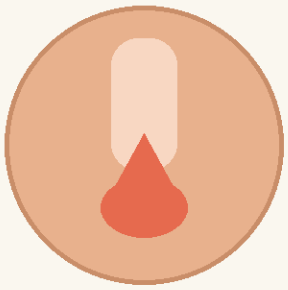
- Untreated infection can cause PID, ectopic pregnancy, infertility, chronic pelvic pain, or epididymal pain.
- Symptoms cannot distinguish chlamydia from gonorrhea or other causes.

Sources: [3], [4] - full links on reference pages

Gonorrhea

Neisseria gonorrhoeae

BACTERIAL CURABLE



What it may look or feel like

OFTEN SILENT

- Often no symptoms, especially with vaginal, rectal or throat infection.
- Possible burning urination; increased vaginal discharge or bleeding between periods.
- Penile discharge may be white, yellow or green. Rectal infection can itch, bleed or hurt.

How it spreads

- Vaginal, anal or oral sex; infects genitals, rectum and throat.
- Can pass during childbirth.
- Transmission can occur without visible symptoms.

Testing and follow-up

- Urine or NAAT swabs from each exposed site. Tell the clinician about oral and anal exposure so the right sites are tested.
- Throat gonorrhea needs a test of cure 7-14 days later. Everyone should retest at about 3 months.

Treatment and aftercare

- Usually a single ceftriaxone injection; dose depends on body weight. Add doxycycline if chlamydia has not been excluded.
- Drug resistance is a growing concern. Persistent symptoms need culture and expert follow-up.
- Avoid sex for 7 days after treatment and until all partners are treated and symptoms are gone.

Do not miss

- Can cause PID, infertility, epididymitis, or rarely life-threatening infection in blood and joints.
- Get tested for chlamydia, syphilis and HIV; ask about PrEP if HIV-negative.

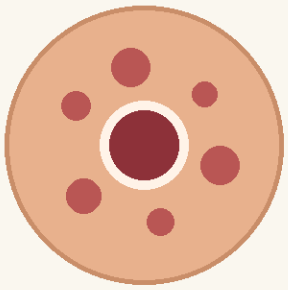
Sources: [5], [6] - full links on reference pages

Educational only - not a diagnosis or personal prescription

Syphilis

Treponema pallidum

BACTERIAL CURABLE



What it may look or feel like

OFTEN SILENT

- Primary: one or more firm, round sores, usually painless; they may be hidden in the vagina, anus or mouth.
- Secondary: rough red or reddish-brown rash, including palms or soles; may have mouth/genital sores, fever or patchy hair loss.
- Latent disease has no visible signs. Eye, ear or neurologic symptoms can occur at any stage.

How it spreads

- Direct contact with a syphilis sore during vaginal, anal or oral sex.
- Can pass through pregnancy and seriously harm a fetus or newborn.
- Not spread by toilets, pools, utensils or casual contact.

Testing and follow-up

- Blood tests; sometimes fluid from a sore. Follow-up blood tests confirm response.
- A new infection is possible after cure. Partners need evaluation based on stage and timing.

Treatment and aftercare

- Penicillin G is preferred at every stage. Early disease often needs one benzathine penicillin injection; late/unknown duration usually needs weekly injections for 3 weeks.
- Brain, eye or ear disease needs urgent specialist treatment, usually IV penicillin.
- Penicillin is the only proven treatment during pregnancy; allergy requires specialist desensitization.

Do not miss

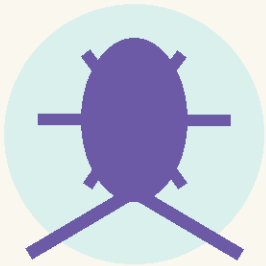
- Treatment prevents progression but may not reverse existing nerve, eye, ear or organ damage.
- Pregnancy: test early and treat immediately. Vision change, hearing loss, severe headache or confusion is urgent.

Sources: [7], [8] - full links on reference pages

Trichomoniasis

Trichomonas vaginalis

PARASITIC CURABLE



What it may look or feel like

OFTEN SILENT

- About 70% have no signs or symptoms.
- Vaginal symptoms can include genital irritation and thin clear, white, yellowish or greenish discharge with a fishy smell.
- Penile symptoms can include internal itching, discharge, or burning after urination or ejaculation.

How it spreads

- Usually penis-to-vagina or vagina-to-vagina sex without a condom.
- Less commonly infects hands, mouth or anus.
- Can spread even when symptoms are absent or intermittent.

Testing and follow-up

- Symptoms are not enough; a lab test confirms the diagnosis.
- Sexually active women should retest around 3 months because reinfection is common.

Treatment and aftercare

- Oral nitroimidazole medicine: metronidazole is first-line; regimen differs for women and men. Tinidazole is an alternative.
- Partners should be treated at the same time.
- Do not have sex until everyone has completed treatment and symptoms are gone.

Do not miss

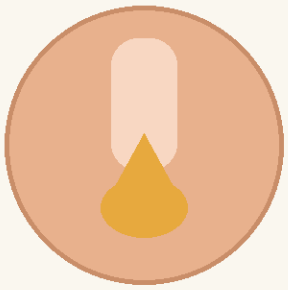
- Can persist for months or years without treatment and increases vulnerability to HIV.
- Pregnancy is linked with preterm birth and low birth weight; clinician-directed treatment is available.

Sources: [9], [10] - full links on reference pages

Mycoplasma genitalium

Often called Mgen

BACTERIAL | CURABLE, RESISTANCE COMMON



What it may look or feel like

OFTEN SILENT

- Frequently no symptoms.
- Can cause urethral discharge or burning urination; persistent or recurrent urethritis is a clue.
- Can cause cervicitis or PID with pelvic pain, bleeding after sex/between periods, or abnormal discharge.

How it spreads

- Sexual contact involving genital fluids and mucosal contact; exact transmission patterns are still being studied.
- Condoms reduce risk. Asymptomatic transmission occurs.

Testing and follow-up

- FDA-cleared NAAT. Routine screening of people without symptoms is not recommended.
- Test when recurrent urethritis/cervicitis is present; consider in PID. Test-of-cure depends on regimen and symptoms.

Treatment and aftercare

- Requires prescription, usually two-stage therapy: doxycycline first, then azithromycin if macrolide-sensitive or moxifloxacin if resistant/testing is unavailable.
- A single 1 g dose of azithromycin should not be used because resistance and failure are common.
- Avoid sex until treatment is finished, symptoms resolve, and partners are managed.

Do not miss

- Penicillins and cephalosporins do not work because Mgen has no cell wall.
- Possible links include PID, infertility and pregnancy complications. Treatment failure needs expert help.

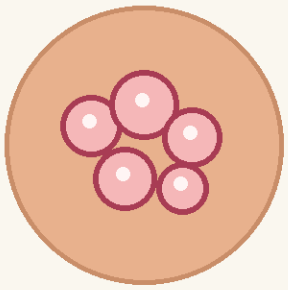
Sources: [11] - full links on reference pages

Educational only - not a diagnosis or personal prescription

Genital herpes

Herpes simplex virus type 1 or 2

VIRAL | MANAGEABLE, NOT CURABLE



What it may look or feel like

OFTEN SILENT

- Often no symptoms or very mild bumps mistaken for a pimple or ingrown hair.
- Typical outbreak: one or more painful blisters around genitals, rectum or mouth; blisters break into shallow sores.
- First outbreak may include fever, body aches or swollen glands. Burning/tingling can precede lesions.

How it spreads

- Contact with a sore, saliva, genital fluids or infected oral/genital skin during oral, vaginal or anal sex.
- Virus can shed and spread when no sore is visible.
- HSV-1 cold sores can cause genital herpes through oral sex.

Testing and follow-up

- Best test: PCR/NAAT swab from a fresh lesion. Type-specific blood testing has limits and is not routine screening for everyone.
- A blood test cannot tell when or from whom infection came.

Treatment and aftercare

- No cure. Oral acyclovir, valacyclovir or famciclovir can shorten outbreaks.
- Daily suppressive antivirals reduce recurrences and lower transmission risk for many people.
- Avoid sex during tingling, pain or outbreaks; condoms reduce but do not eliminate risk.

Do not miss

- Tell your prenatal clinician: new infection late in pregnancy can be dangerous for a newborn.
- Eye exposure, severe headache/neck stiffness, widespread lesions or inability to urinate needs urgent care.

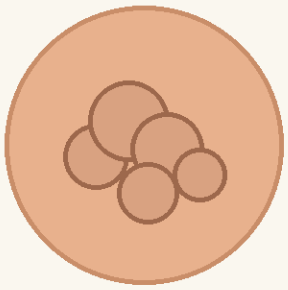
Sources: [12], [13] - full links on reference pages

Educational only - not a diagnosis or personal prescription

Human papillomavirus

HPV and genital warts

VIRAL | USUALLY CLEARS; NO VIRUS CURE



What it may look or feel like

OFTEN SILENT

- Most HPV infections have no visible sign.
- Genital warts may be single or clustered, small or large, raised or flat, and sometimes cauliflower-shaped.
- Cancer-causing HPV types usually do not cause visible warts.

How it spreads

- Intimate skin-to-skin contact and vaginal, anal or oral sex, even without symptoms.
- Condoms reduce risk but do not cover all potentially infected skin.
- A positive test can appear years after exposure and does not prove recent infidelity.

Testing and follow-up

- Cervical HPV/Pap screening follows age and risk guidelines. There is no approved general HPV status test for the mouth/throat or for men.
- Unusual, pigmented, bleeding, fixed or ulcerated growths need clinician evaluation, sometimes biopsy.

Treatment and aftercare

- There is no medicine that eradicates HPV itself; most infections clear naturally.
- Warts can be treated with prescription topicals, cryotherapy, acid treatment or removal. They can recur.
- Precancers are managed through screening and targeted procedures.

Do not miss

- HPV can cause cervical, anal, penile, vulvar, vaginal and oropharyngeal cancers.
- Vaccination prevents new infections and is routine in adolescence; catch-up is recommended through age 26, with shared decisions ages 27-45.

Sources: [14], [15] - full links on reference pages

HIV

Human immunodeficiency virus

VIRAL | TREATABLE, NOT CURABLE

What it may look or feel like

OFTEN SILENT

- No distinctive visible look. Many people have no symptoms.
- Acute HIV 2-4 weeks after infection may resemble flu: fever, rash, sore throat, swollen nodes, aches or fatigue.
- Symptoms alone cannot diagnose or exclude HIV.

How it spreads

- Anal or vaginal sex and shared injection equipment are the main routes.
- Transmitting fluids: blood, semen/pre-semen, rectal fluids and vaginal fluids must reach mucosa, damaged tissue or bloodstream.
- Not spread by hugging, toilets, saliva alone, mosquitoes or sharing food.

Testing and follow-up

- Lab antigen/antibody, rapid finger-stick, self-tests and NAT have different window periods. Retest after the test-specific window if needed.
- CDC recommends at least one test for ages 13-64 and more often with ongoing risk.

Treatment and aftercare

- Start antiretroviral therapy (ART) as soon as possible. Modern ART can support a long, healthy life.
- U=U: a person who takes ART and maintains an undetectable viral load does not transmit HIV through sex.
- PEP is an emergency option after a possible exposure; start within 72 hours. PrEP prevents HIV before ongoing exposure.

Do not miss

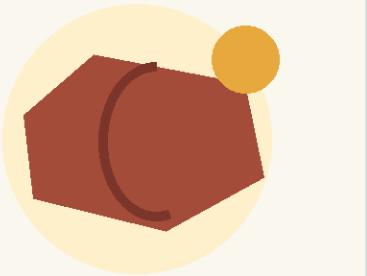
- A reactive screening result requires confirmation; prompt linkage to care matters.
- Possible exposure within 72 hours: go now to urgent care, ER or a sexual health clinic for PEP.

Sources: [16], [17], [18] - full links on reference pages

Hepatitis B

HBV - a liver infection

VIRAL | VACCINE-PREVENTABLE



What it may look or feel like

OFTEN SILENT

- Often no symptoms, especially chronic infection.
- Acute symptoms can include fatigue, fever, joint pain, nausea, abdominal pain and poor appetite.
- Possible visible signs: yellow skin/eyes, dark urine or pale/clay-colored stool.

How it spreads

- Blood, semen or certain other body fluids entering another person's body; sex is a common adult route.
- Also shared needles/equipment, needlesticks and birth.
- Not spread by hugging, coughing, food, water, utensils or kissing.

Testing and follow-up

- A blood panel distinguishes current infection, past infection and vaccine immunity.
- CDC recommends one-time screening for all adults and testing in every pregnancy; repeat with ongoing risk.

Treatment and aftercare

- Acute HBV: usually supportive care and monitoring; no specific routine medicine.
- Chronic HBV: regular liver monitoring; some people need long-term antivirals such as tenofovir or entecavir.
- Vaccination is the best prevention. Post-exposure vaccine and sometimes HBIG are time-sensitive.

Do not miss

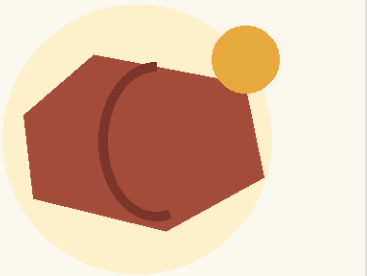
- Chronic infection can lead to cirrhosis or liver cancer even without symptoms.
- Do not donate blood; do not share needles, razors or toothbrushes. Ask partners/household contacts about vaccination.

Sources: [19] - full links on reference pages

Hepatitis C

HCV - primarily blood-borne

VIRAL CURABLE



What it may look or feel like

OFTEN SILENT

- Most people do not look or feel sick.
- If acute symptoms occur: fatigue, fever, joint pain, nausea, abdominal pain or poor appetite.
- Possible liver signs: yellow skin/eyes, dark urine or pale/clay-colored stool; chronic damage may be silent for decades.

How it spreads

- Mainly when infected blood enters the body, especially shared injection equipment.
- Sexual transmission is possible but less common; risk rises with HIV, blood exposure or traumatic/condomless anal sex.
- Not spread by ordinary daily contact, hugging, kissing, food or utensils.

Testing and follow-up

- Blood antibody test followed automatically by HCV RNA to confirm current infection.
- CDC recommends testing for all adults, every pregnancy and after potential exposure; ongoing risk needs repeat testing.

Treatment and aftercare

- Direct-acting antiviral pills cure more than 95% of people, commonly in 8-12 weeks.
- There is no vaccine. Cure does not prevent reinfection.
- Avoid sharing any item that may have blood; cover open wounds.

Do not miss

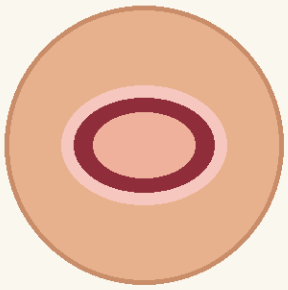
- Untreated chronic HCV can cause cirrhosis, liver failure and liver cancer.
- Talk with a clinician before alcohol, supplements or medicines that may affect the liver.

Sources: [20] - full links on reference pages

Chancroid

Haemophilus ducreyi

BACTERIAL | CURABLE, RARE IN U.S.



What it may look or feel like

RESEMBLES OTHER ULCERS

- One or more deep, painful genital ulcers with irregular edges and a soft base.
- Tender groin lymph nodes may enlarge and form pus-filled swellings called buboes.
- It can resemble herpes, syphilis or other ulcer conditions.

How it spreads

- Direct sexual contact with an ulcer or infectious fluid.
- Uncommon in the United States; travel or local outbreaks can matter.

Testing and follow-up

- Diagnosis requires clinician evaluation and ruling out syphilis and herpes; specialized testing is not widely available.
- Recheck in 3-7 days. Lack of improvement suggests another diagnosis, coinfection, resistance or HIV.

Treatment and aftercare

- Prescription antibiotics can cure it; options include azithromycin, ceftriaxone, ciprofloxacin or erythromycin depending on the patient and local guidance.
- Large fluctuant lymph nodes may require drainage.
- Partners exposed in the 10 days before symptoms should be examined and treated.

Do not miss

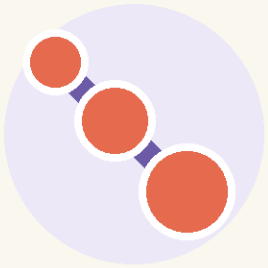
- Genital ulcers increase the chance of acquiring or transmitting HIV.
- Any new genital, anal or mouth ulcer deserves prompt testing rather than self-treatment.

Sources: [22], [28] - full links on reference pages

Lymphogranuloma venereum

LGV - invasive chlamydia types

BACTERIAL CURABLE



What it may look or feel like

EARLY SORE MAY DISAPPEAR

- A small painless genital, oral or rectal bump/ulcer may heal before it is noticed.
- Can cause severe one-sided tender groin nodes or buboes.
- Rectal LGV can cause anal pain, fever, constipation, bleeding, ulcers or mucus/bloody discharge.

How it spreads

- Sexual contact with infected genital or rectal secretions and mucosa.
- Rectal exposure can cause proctocolitis, which can mimic inflammatory bowel disease.

Testing and follow-up

- A chlamydia NAAT from the symptomatic site plus clinical pattern; LGV-specific typing is often unavailable.
- Retest for chlamydia about 3 months after treatment.

Treatment and aftercare

- Doxycycline for 21 days is the recommended regimen; pregnancy or intolerance changes options.
- Severe buboes may need aspiration or drainage.
- Partners from the prior 60 days need evaluation, site-specific testing and presumptive chlamydia treatment.

Do not miss

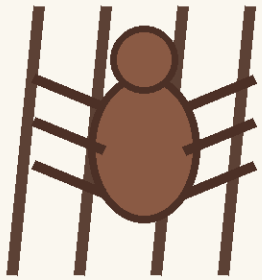
- Delayed treatment can cause fistulas, strictures and chronic tissue damage.
- Bloody rectal discharge, severe anal pain or swollen groin nodes needs prompt in-person care.

Sources: [23] - full links on reference pages

Pubic lice

Pediculosis pubis - crabs

ECTOPARASITE CURABLE



What it may look or feel like

LOOK FOR LICE OR NITS

- Intense itching in the pubic region.
- Tiny tan/gray crab-shaped lice may be seen moving; oval nits attach firmly to coarse hair near the skin.
- Can affect armpit, chest, beard or eyelashes; blue-gray bite spots can occur.

How it spreads

- Usually close sexual contact; occasionally infested clothing, bedding or towels.
- Lice crawl - they do not jump or fly. Pets do not spread human pubic lice.

Testing and follow-up

- Diagnosis is by finding lice or nits on hair. Recheck after 1 week if symptoms persist.
- Evaluate for HIV, syphilis, chlamydia and gonorrhea.

Treatment and aftercare

- Recommended nonprescription options include permethrin 1% rinse or pyrethrins with piperonyl butoxide; follow the label exactly.
- Wash/dry clothing and bedding on hot settings or keep sealed away from body contact for at least 72 hours.
- Treat sex partners from the previous month. Avoid sex until everyone is treated and infestation is gone.

Do not miss

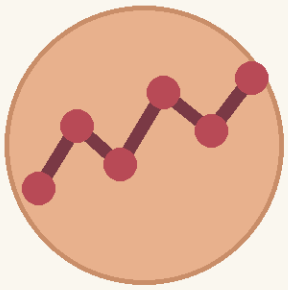
- Do not use regular insecticide sprays or fumigate the home.
- Eyelash infestation, pregnancy, treatment failure or inflamed/infected skin needs clinician guidance.

Sources: [21] - full links on reference pages

Scabies

Sarcoptes scabiei mite infestation

ECTOPARASITE CURABLE



What it may look or feel like

ITCH OFTEN WORSE AT NIGHT

- Very itchy rash, often worse at night, with tiny bumps or thin wavy burrows.
- Common sites: finger webs, wrists, waist/beltline, buttocks, nipples and genitals.
- Crusted scabies causes thick scaly plaques and is highly contagious, usually in vulnerable people.

How it spreads

- Prolonged direct skin-to-skin contact; in adults it is frequently sexually acquired.
- Household and caregiving contact can spread it too. Brief handshakes are less likely.
- Crusted scabies can spread more easily, including from contaminated items.

Testing and follow-up

- Clinician may identify mites, eggs or feces using dermoscopy or skin scraping.
- Itching can continue for up to 2 weeks after successful treatment; live mites or longer persistence needs reassessment.

Treatment and aftercare

- Prescription permethrin 5% cream over the body for 8-14 hours, or oral ivermectin repeated after 14 days; age, pregnancy and health alter the choice.
- Close sexual and household contacts need evaluation and coordinated treatment.
- Wash/dry bedding and clothing hot or remove from body contact for at least 72 hours.

Do not miss

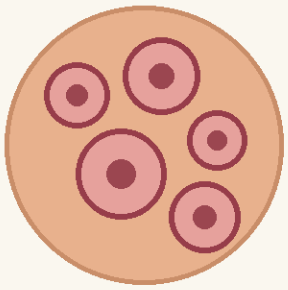
- Fumigation is unnecessary. Trim nails and treat scratched skin infections.
- Crusted scabies or symptoms in an infant/immunocompromised person needs urgent clinician management.

Sources: [21] - full links on reference pages

Monkeypox (mpox)

Can spread during sex; not exclusively an STI

VIRAL | USUALLY SELF-LIMITED



What it may look or feel like

NOT DIAGNOSTIC BY SIGHT

- Rash can be only one or a few lesions, including near genitals, anus, mouth, face, hands or feet.
- Lesions are often firm, deep-seated and well-defined, sometimes with a central indentation.
- Often painful until they crust, then itchy. Fever, swollen nodes, sore throat or rectal pain may occur.

How it spreads

- Close skin-to-skin contact, including sex, kissing or massage; also contaminated materials and animal contact.
- A person can spread it from symptom onset until all scabs fall off and fresh skin forms.

Testing and follow-up

- A clinician swabs lesions. Appearance overlaps with herpes, syphilis, chickenpox and other rashes.
- Ask about the 2-dose JYNNEOS vaccine if you have ongoing risk or a recent exposure.

Treatment and aftercare

- Most people recover in 2-4 weeks with pain control, fluids and supportive care.
- People at risk for severe disease or with severe illness may need specialist-directed antivirals or other therapies.
- Isolate, cover lesions, avoid close contact and do not share bedding/towels until fully healed.

Do not miss

- Severe rectal pain, eye lesions, spreading rash, dehydration, pregnancy or a weakened immune system requires prompt care.
- Do not shave over lesions; wash hands after touching dressings or affected skin.

Sources: [24], [25] - full links on reference pages

Other infections that can spread during sex

Less common, region-specific, or not mainly classified as STIs.

Hepatitis A

- Fecal-oral spread can occur during oral-anal contact.
- Often fever, nausea, abdominal pain, fatigue, dark urine or jaundice; sometimes no symptoms.
- No specific antiviral treatment. Vaccination is highly effective; post-exposure vaccine can be time-sensitive.

Sexually transmitted enteric infections

- Shigella, Campylobacter, Giardia and others can spread when stool reaches the mouth during sexual contact.
- Watery or bloody diarrhea, cramps, fever, nausea or rectal symptoms.
- Stool testing guides care. Hydration is key; some cases need targeted antibiotics and resistance testing.

Molluscum contagiosum

- Small, firm, pearly or skin-colored bumps with a central dimple.
- Spreads by skin-to-skin contact, including sex, and contaminated objects.
- Often clears on its own. Clinician removal or topical treatment may be used; widespread disease can signal immune suppression.

Donovanosis (granuloma inguinale)

- Very rare in the U.S.; more common in a few tropical regions.
- Slow-growing, painless, beefy-red genital ulcers that bleed easily.
- Needs prolonged antibiotics and follow-up until fully healed; test for syphilis, herpes and HIV.

Travel and outbreak note

- Zika can spread sexually and may cause mild fever, rash, joint pain or red eyes; pregnancy exposure is the major concern.
- Ebola and Marburg can rarely persist in semen after recovery; follow public-health testing and abstinence/barrier guidance.
- Sex can also transmit meningococcal or other infections during specific outbreaks. Local epidemiology and travel history matter.
- If symptoms follow travel, an outbreak alert or a partner's diagnosis, tell the clinician exactly where and when.

See WHO [2] and CDC [1], [28] for scope and clinical guidance.

Related conditions

Important in sexual health, but not themselves classic STIs.

Bacterial vaginosis (BV)

- What it is: an imbalance of vaginal bacteria, not proof of sexual transmission or infidelity.
- Possible signs: thin white/gray discharge, fish-like odor (often after sex), burning, itching or no symptoms.
- Diagnosis: clinician exam and vaginal-fluid testing; symptoms overlap with trichomoniasis and yeast.
- Treatment: prescription metronidazole or clindamycin options. Recurrence is common; do not douche.
- Why it matters: BV raises risk of some STIs and pregnancy complications. Routine treatment of male partners is not recommended; female partners may share BV-associated bacteria.

Pelvic inflammatory disease (PID)

- What it is: infection/inflammation of internal reproductive organs, often a complication of untreated chlamydia or gonorrhea; other bacteria can also cause it.
- Possible signs: lower abdominal/pelvic pain, fever, pain or bleeding with sex, unusual discharge, burning urination, or bleeding between periods. Symptoms can be mild.
- Treatment: start broad prescription antibiotics promptly; do not wait for every test result. Partners may need STI treatment.
- Why it matters: delayed care raises risk of infertility, ectopic pregnancy and chronic pelvic pain. Antibiotics cannot reverse existing scar tissue.
- Urgent: severe pain, vomiting, fever, fainting or possible pregnancy needs same-day evaluation.

Sources: [26], [27]

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