

RECURRENT YEAST, BACTERIAL VAGINOSIS, AND VAGINITIS

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OBJECTIVES

- To develop an approach to patients presenting with vaginal discharge
- To successfully diagnose and treat recurrent yeast
- To successfully diagnose and treat recurrent bacterial vaginosis

DISCLOSURE

- I HAVE NO CONFLICT TO DISCLOSE.

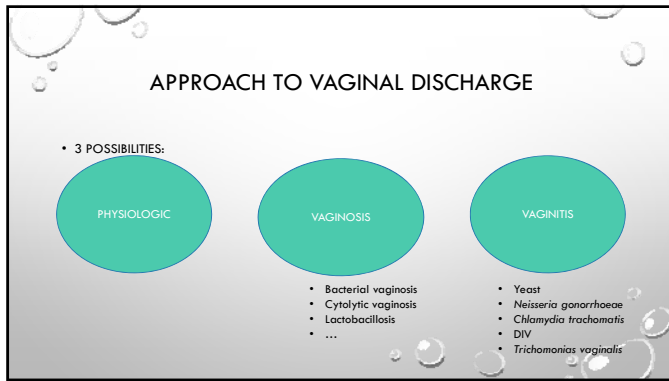
OUTLINE

- Approach to vaginal discharge
- Vulvovaginal candidiasis and recurrent vulvovaginal candidiasis
- Bacterial vaginosis and recurrent bacterial vaginosis

APPROACH TO VAGINAL DISCHARGE

VAGINAL DISCHARGE

- COMMON PROBLEM.
- FRUSTRATING. AFFECTS QUALITY OF LIFE, SELF ESTEEM, AND PERSONAL RELATIONSHIPS.
- 10,000,000 OFFICE VISITS EACH YEAR.



BALANCE IN THE FORCE

- LACTOBACILLUS
- CORYNEBACTERIUM
- DIPHTHEROIDS
- ENTEROCOCCUS
- ESCHERICHIA
- STAPHYLOCOCCUS
- STREPTOCOCCUS
- KLEBSIELLA
- ...

PHYSIOLOGIC DISCHARGE

Rule out diagnosis.

Managed with reassurance, lifestyle & hygiene modifications.

HOW TO DISTINGUISH FROM VAGINITIS/OSIS

History

Physical examination:

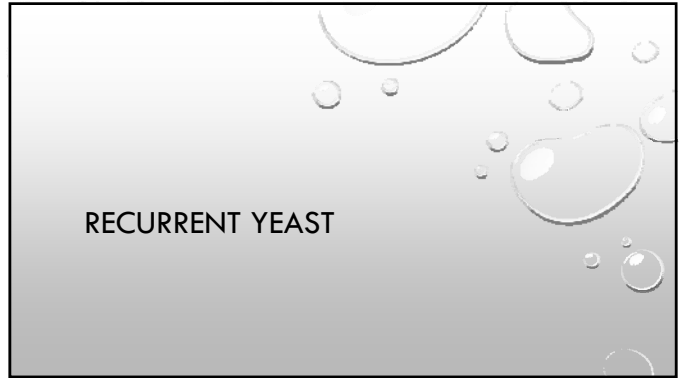
Swabs
Vaginal pH
Wet mount: KOH and saline

HOW TO DO A WET MOUNT

https://hackeria.org/wiki/Vaginal_Wet_Mount_Interpretation

	Normal	Candidiasis	Bacterial vaginosis	Trichomoniasis
Symptoms	None	Vulvar itching/irritation	Malodorous discharge	Purulent discharge
Discharge info	White or clear	White, curd-like, adherent	Moderate, grey/milky, non-adherent	Profuse, yellow, frothy
pH	4.0-4.5	4.0-4.5	>4.5	5.0-6.0
Whiff test	Negative	Negative	Positive	May be positive
Microscopy	Normal	Hyphae	Clue cells	Motile trichomonads

	Normal	Candidiasis	Bacterial vaginosis	Trichomoniasis
Initial Treatment	None	Diflucan 150mg PO x1	Metronidazole 500mg PO BID x 7 days	Metronidazole 2g PO x1 + treat partners

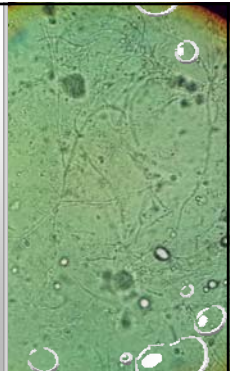


VULVOVAGINAL CANDIDIASIS (VVC)

- EXTREMELY COMMON INFECTION. ASYMPTOMATIC CARRIAGE: 8-12%.
- #1 CAUSE: CANDIDA ALBICANS
 - OTHERS: C. GLABRATA AND C. TROPICALIS
- RISK FACTORS: POORLY CONTROLLED DIABETES, STEROID USE, TIGHT-FITTING CLOTHING, ANTIBIOTIC USE.
- SYMPTOMS:
 - THICK, WHITE, CHEESY DISCHARGE,
 - ITCHING, BURNING, ERYTHEMA, EDEMA.

VULVOVAGINAL CANDIDIASIS (VVC)

- DIAGNOSIS:
 - PELVIC EXAM
 - PH 4.0-4.5 (NORMAL)
 - WET MOUNT: PSEUDOHYPHAE
 - SWAB: POTENTIAL FOR REPORTING OF SPECIFIC ORGANISM AND DRUG SENSITIVITY
- SELF DIAGNOSIS AND TREATMENT CAN BE A PROBLEM
 - SELF DIAGNOSIS ACCURACY POOR (1/3)
 - TELEPHONE DIAGNOSIS ACCURACY POOR



UNCOMPLICATED VULVOVAGINAL CANDIDIASIS (VVC)

- Oral: Fluconazole 150mg po x1
- Topical: 5-10% have local burning.
- If severe, may need a longer course: Fluconazole 150MG PO q2-3days x2-3.

RECURRENT VULVOVAGINAL CANDIDIASIS (VVC)

- Remove predisposing factors
- Culture resistant strain of fungus
- Consider topical application of gentian violet solution or boric acid per vagina.
- Treatment:
 - Oral: fluconazole 150mg PO q72 hours x3 then weekly x 6 months.
 - Topical: Boric acid 600mg PV QHS x 14 days then 2x/week.

VULVOVAGINAL CANDIDIASIS IN PREGNANCY

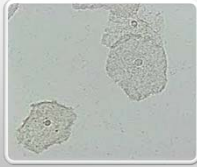
- ONLY TOPICAL AZOLES THERAPIES RECOMMENDED IN PREGNANCY. MAX 7 DAYS.

RECURRENT BACTERIAL VAGINOSIS

BACTERIAL VAGINOSIS

- DECREASE IN LACTOBACILLI, INCREASE IN GARDNERELLA VAGINALIS AND OTHER ORGANISMS.
- SYMPTOMS:
 - FOUL, "FISHY" ODOR MORE NOTICEABLE FOLLOWING INTERCOURSE AND DURING MENSES.
 - INCREASED VAGINAL DISCHARGE – THIN, GREY.
 - MAY HAVE VULVAR ITCHING/IRRITATION BUT OFTEN NONE.

AMSEL'S CLINICAL CRITERIA (3/4)



- ADHERENT HOMOGENOUS VAGINAL DISCHARGE
- PH >4.5
- DETECTION OF CLUE CELLS ON WET MOUNT
- POSITIVE WHIFF TEST ON KOH

BACTERIAL VAGINOSIS

- Metronidazole 500mg po BID x 7 days
- Metronidazole gel 0.75% one applicator (5g) PV qd x 5 days
- Clindamycin cream 2% one applicator (5G) PV QHS x 7 days

RECURRENT BACTERIAL VAGINOSIS

- Suppressive therapy: Metronidazole gel 2x/week x 3months.
- Switch agents: Tinidazole
- Avoid unprotected intercourse
- Probiotics
 - Little evidence. 2010 AJOG showed lower rates of recurrent BV in women using probiotics.



BACTERIAL VAGINOSIS IN PREGNANCY

- PREGNANT WOMEN WITH BV ARE AT INCREASED RISK OF PRETERM BIRTH.
- DO NOT SCREEN ASYMPTOMATIC WOMEN.
- SYMPTOMATIC WOMEN WITH BV SHOULD BE TREATED FOR SYMPTOM CONTROL.
- TREATMENT:
 - METRONIDAZOLE 500MG PO BID X 7 DAYS
 - METRONIDAZOLE 250MG PO TID X 7 DAYS
 - CLINDAMYCIN 300MG PO BID X 7 DAYS

SUMMARY

SUMMARY



ALWAYS KNOW
WHAT YOU ARE
TREATING.



DISCOURAGE SELF
TREATMENT.



PROVIDE SUPPORT
& COORDINATE
FOLLOW UP.

MANAGEMENT OF RECURRENCE

- RECURRENT VULVOVAGINAL CANDIDIASIS:
 - ORAL: FLUCONAZOLE 150MG PO Q72 HOURS X3 THEN WEEKLY X 6 MONTHS.
 - TOPICAL: BORIC ACID 600MG PV QHS X 1 4 DAYS THEN 2X/WEEK.
- RECURRENT BACTERIAL VAGINOSIS:
 - METRONIDAZOLE GEL 0.75% ONE APPLICATOR (5G) PV 2X/WEEK X 3 MONTHS.

THANK YOU!

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