

WOMAN'S HEALTH

Vaginal discharge

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- ◉ Three most common causes of vaginal discharge are:
- ◉ *Bacterial vaginosis, trichomoniasis, and vulvovaginal candidacies*. The last one called (vaginal thrush) & it is the only condition that can be treated by OTC drug.
- ◉ Vaginal candidiasis (thrush) is common in women of childbearing age. In adolescent it is the second most common cause of vaginal discharge after bacterial vaginosis. Conditions are also common in diabetes and during pregnancy.
- ◉ **Clinical features:**
- ◉ Symptoms is acute in onset. There are *vaginal itching* accompanied *with soreness & vaginal discharge*.

⊙ **What you have to ask about:**

- ⊙ Age
- ⊙ Child, adult, elderly
- ⊙ Duration
- ⊙ Symptoms
- ⊙ Itch
- ⊙ Soreness
- ⊙ Discharge (colour, consistency, odour)
- ⊙ Dysuria
- ⊙ Dyspareunia
- ⊙ Threadworms
- ⊙ Previous history of STD
- ⊙ Exposure to partner with STD
- ⊙ Presence of ulcer, and blister.
- ⊙ Any blood staining of vaginal discharge
- ⊙ Pregnancy or suspected pregnancy
- ⊙ Medication

◎ Significance of questions and answers

◎ Age

- ◎ Vaginal candidiasis (thrush) is common in women of childbearing age. This infection is rare in children and in postmenopausal women because of the different environment in the vagina. In contrast to women of childbearing age, where vaginal pH is generally acidic (low pH) whereas the vaginal environment of children and menopausal women tends to be alkaline (high pH)
- ◎ Thus women under 16 or over 60 years complaining of symptoms of vaginal thrush should be referred to their doctor. i.e., in prepubertal girls it is uncommon unless they have received excess antibiotic & in older women it is rare & other causes of the symptoms need to be excluded.

◎ Symptoms

Itch (pruritus) & thrush

The itch associated with thrush is often intense and burning in nature. Sometimes the skin may be excoriated and raw from scratching when the itch is severe.

Dermatitis; allergic or irritant dermatitis may be responsible for vaginal itch.

Occasionally, threadworm infestation can lead to vaginal pruritus and this has sometimes occurred in children. The patient would also be experiencing anal itching in such a case.

◎ Discharge

The most common infective cause of vaginal discharge is candidiasis.

Other vaginal infections may be responsible for producing discharge but are markedly different from that caused by thrush.

In vulvovaginal candidacies, the discharge is classically creamy coloured, thick & discharge is described as Cheese-like.

In contrast to that discharge produced by bacterial infection (e.g. bacterial vaginosis, chlamydia or gonorrhoea), which is yellow or greenish and has a strong fishy odour.

The discharge associated with candidal infection does not usually produce an unpleasant odour, in contrast to that produced by bacterial infection. Any patient with discharge of strong odour should be referred.

- ◉ But it is important to know that the vagina naturally produce discharge. Such fluids may be watery or slightly thicker, with no associated odour. The amount and character of it varies depending on many factors such as pregnancy, hormonal status and concurrent medication.
- ◉ Also at time of ovulation the discharge is greater in quantity and of higher viscosity. You have to differentiate between the normal vaginal secretion and pathological one because some women worry about these natural secretions and think they have an infection.

◉ Partner's symptoms

Men may be infected with Candida without showing any symptoms.

Typical symptoms for men are irritating rash on penis, particularly on the glans.

◉ Associated symptoms

◉ Dysuria (pain on urination)

Dysuria may be present and scratching the skin in response to itching might be responsible, although dysuria may occur without scratching.

◉ Dyspareunia (painful intercourse)

Painful intercourse may be associated with infection or a sensitivity reaction where the vulval and vaginal areas are involved.

◉ Duration

Any woman who has experienced more than two attacks of thrush during the previous 6 months should be referred to the doctor.

Repeated thrush infections may indicate an underlying problem or altered immunity and further investigation is needed.

Recurrent thrush is a problem for some women, often following antibiotic treatment.

Some women delay seeking advice from the pharmacist or doctor because of embarrassment about their symptoms. They may have tried an OTC product or a prescription medicine already

◉ Pregnancy:

During pregnancy women have episode of vaginal candidacies. This high incidence attributed to hormonal changes with a consequent alteration in vaginal environment leading to increase quantity of glycogen. Such patient requires referral.

◎ Diabetes:

It is thought that Candida is able to grow more easily in diabetic patients because of the higher glucose levels in blood and tissues. Sometimes recurrent vaginal thrush can be a sign of undiagnosed diabetes or, in a patient who has been diagnosed, of poor diabetic control.

◎ Sexually transmitted diseases

Women who have previously had a sexually transmitted infection should not be sold OTC treatments for thrush. The thinking behind this is that the current condition may not be thrush or may include a dual infection with another organism.

◎ Immunocompromised patients

Patients with AIDS are prone to recurrent thrush infection because the immune system is unable to combat them. Patients undergoing cancer chemotherapy are also at risk of infection.

◎ Medication

Oral contraceptives

It has been suggested that the oral contraceptive pill (OCP) is linked to the incidence of vaginal candidiasis; however, oral contraceptives are no longer considered a significant precipitating factor.

◎ Oral steroid:

Patient taking oral steroid are at increased risk of candidial infection.

◎ Antibiotic therapy:

Broad – spectrum AB wipe out the natural bacterial flora (Lactobacilli) in the vagina and can predispose the area to Candidial over growth.

The doctor may prescribe an antifungal at the same time as the antibiotic in such cases.

◉ Local anesthetic cream & oint:

Vaginal pruritus may actually be caused by some of the products used to relieve the symptom. Creams and ointments used for itching often contain local anaesthetics – a well-known cause of sensitivity reactions.

◉ Chemical & mechanical irritation:

Bubble bath or shower products, vaginal sprays, douches & vaginal deodorants all can precipitate thrush and alter vaginal PH. Condom can also cause irritation and alter the vaginal PH causing candidacies.

◎ **Trigger point for referral:**

- Diabetes,
- discharge of strong smell,
- OTC medication failure,
- pregnancy,
- recurrent attacks,
- women under 16 & over 60.
- more than 2 attach /6 months,
- any blood staining of vaginal discharge, ulcer, and blister.

◉ OTC drugs management:

- ◉ Formulation available for local application include creams and intravaginal tablets. All internal preparations should administrate at night. The cream should be applied twice daily, morning and night.
- ◉ Intravaginal Imidazoles (clotrimazole, econasol, miconasol) and
- ◉ Oral azole Fluconazole (Diflucan, canesten).
- ◉ Single-dose preparations are effective in treating vaginal candidiasis and give good cure rates. Patients find single-dose products very convenient and compliance is higher than with treatments involving several days' use.

- ⦿ Topical preparations give quicker initial relief, probably due to the vehicle. They may sometimes exacerbate burning sensations initially, and oral treatment may be preferred if the vulva is very inflamed.
- ⦿ Some experts argue that oral antifungals should be reserved for resistant cases.
- ⦿ The azoles can cause sensitivity reactions (rare).
- ⦿ Side-effects from oral fluconazole are usually mild and transient. They include nausea, abdominal discomfort, flatulence and diarrhoea.
- ⦿ Oral fluconazole interacts with some drugs: anticoagulants, sulphonyl ureas, ciclosporin, phenytoin, rifampicin and theophylline.
- ⦿ Oral fluconazole should not be recommended during pregnancy or for nursing mothers because it is excreted in breast milk.

- **Note:** symptoms of thrush should disappear within 3 days of treatment if no improvement after 7 days the woman should be referred.
- **Live yoghurt:**
- Contain lactobacilli, it can alter vaginal environment make Candida difficult to grow. It also produces lactic acid which inhibits growth of Candida. It has been suggested that women prone to thrush should regularly eat live yoghurt to increase the level of lactobacilli in gut.
- **Prevention:**
- Avoid nylon underwear and tight clothes because thrush is exacerbated in warm environment. Also use simple non-perfumed soap and avoid vaginal douching. Since Candida can be transferred from the bowel when wiping the anus after a bowel movement, wiping from front to back should help to prevent this.

○ **Treatment of partner**

- Men may be infected with Candida without showing any symptoms. Typical symptoms for men are an irritating rash on the penis, particularly on the glans.
- While expert opinion is that male partners without symptoms should not be treated, this remains an area of debate.
- Symptomatic males with (penile thrush) and whose female partner has vaginal thrush should be treated.
- An azole cream can be used twice daily on the glans of the penis, applied for 6 days. Oral fluconazole can also be used.