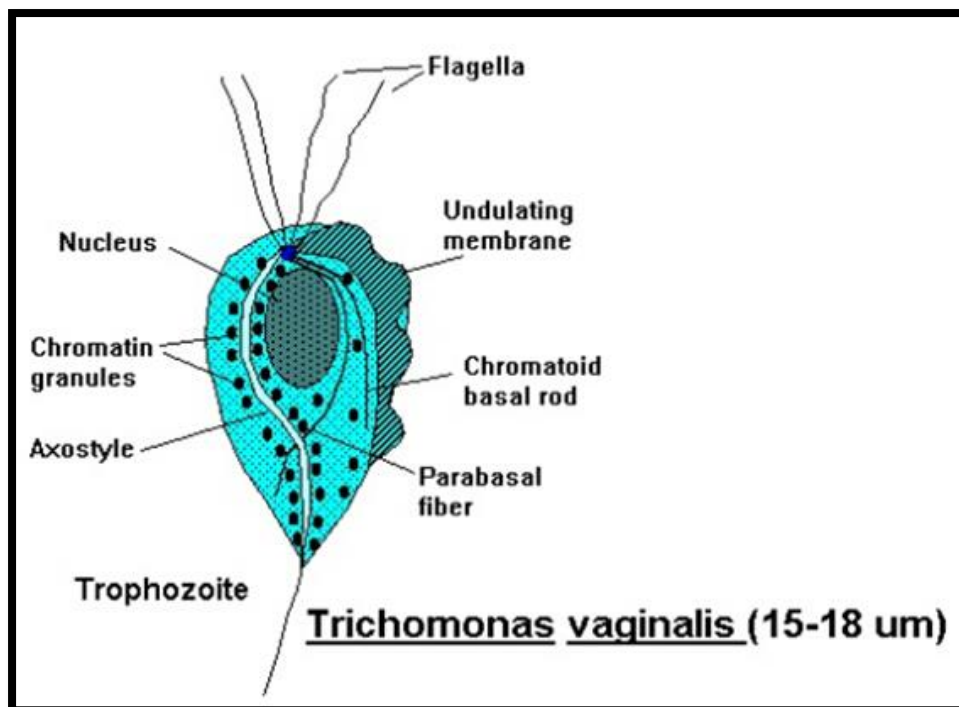
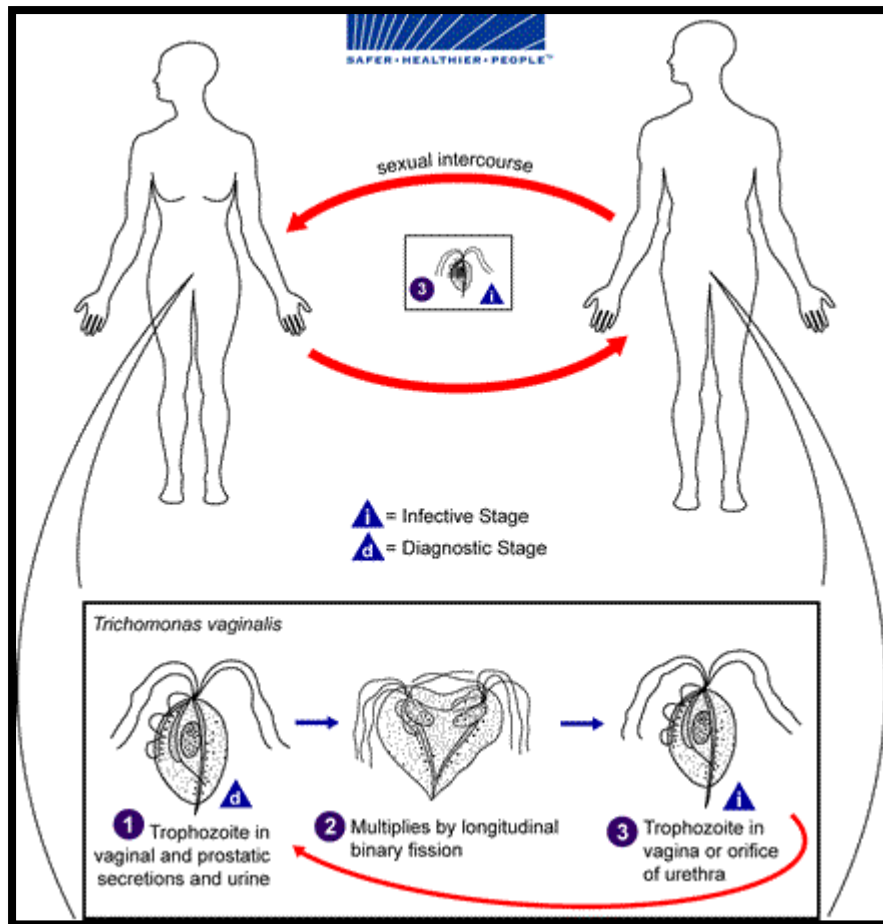


2. Trichomonas vaginalis:

- ❖ Occur only in Trophozoite stage which is pear shaped. No cyst stage.
- ❖ It has short undulating membrane that extends about two thirds of its length.
- ❖ **Motility** is called **rotatory movement**.
- ❖ **Habitat in female** vagina, cervix, urethra, and even urinary bladder.
In male: occur primarily in the anterior part of urethra and prostate.
- ❖ **Multiplication:** long binary fission.
- ❖ **The infection** is called (**Trichomoniasis**), it is venereal disease its transmission is by **trophozoite through sexual intercourse**.
- ❖ Newborn baby may infect during birth.



Trophozoite of *Trichomonas vaginalis*



Life cycle of *Trichomonas vaginalis*

Pathogenesis and Epidemiology:

The organism is transmitted by sexual contact, and hence there is no need for a durable cyst form. The primary locations of the organism are the vagina and the prostate. It is found only in humans; there is no animal reservoir.

Trichomoniasis is one of the most common infections worldwide. The frequency of symptomatic disease is highest among sexually active women in their thirties and lowest in postmenopausal women. Asymptomatic infections are common in both men and women.

Clinical findings:

In female:

1. Watery, foul-smelling, greenish vaginal discharge.
2. Vaginitis (itching and burning occurs).

In male:

Infection in men is usually asymptomatic, but about 10% of infected men have urethritis.

Lab diagnosis:

1. In wet mount of vaginal discharge, the pear shaped trophozoites have a typical jerky motion.
2. Culture: Johnson's and Trussel's medium gives a good growth of *T. vaginalis*.
3. PCR.

Treatment and prevention: the treatment of choice is either Metronidazole (flagyl) or tinidazole (Tindamax) for both partners to prevent infection.

Condoms limit transmission. No prophylactic drug or vaccine is available.