INVITED ARTICLE

INVESTIGATION AND TREATMENT OF VAGINAL DISCHARGE AND PRURITUS VULVAE

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ABSTRACT

The causes of vaginal discharge for pruritus vulvae in a patient are considered in three categories: common causes like vaginal candidosis, Trichomonal vaginitis, Gardnerella vaginitis; less common causes like gonococcal infection, Chlamydia infection and T-mycoplasma infection; and uncommon causes which include allergy to nylon underwear, human papilloma infection and eczema. The clinical features of each and a suggested treatment regime are given.

Keywords: Vaginal discharge, Pruritus vulvae.

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INTRODUCTION

Vaginal discharge and pruritus vulvae are common symptoms that patients present with when they visit a gynaecologist. These symptoms suggest vaginal infection, but as with all clinical problems, the diagnosis rests on a careful history, a thorough clinical examination and appropriate investigations.

The patient can complain of vaginal discharge, pruritus vulvae or both of these symptoms. Firstly, one must determine whether the complaint is made so that the patient can legitimise seeing the doctor for the real problem of inability to conceive. In this case the complaint is a false one. Then, there are instances in which the vaginal discharge is normal. Here, there is a mucoid slightly yellow discharge that becomes more in the week before the menses or a mid-cycle white or a mucoid slippery discharge at the time of ovulation. A patient who has been treated for vaginal infection, especially one associated with sexually transmitted disease, is overly conscious of any discharge for fear of a recurrence of the disease. Such patients must be evaluated, and if the discharge is normal, firmly and confidently assured that there is no disease.

COMMON CAUSES OF VAGINAL DISCHARGE AND/ OR PRURITUS VULVAE.

Here the big three are 1.Vaginal candidosis 2. Trichomonal vaginitis and 3. Gardnerella vaginitis.

Vaginal candidosis:

This is the commonest vaginal infection and the symptoms are typically, a white curdy vaginal discharge and pruritus vulvae with stinging sensation of the vulva after micturition. The patient may be pregnant, be on the contraceptive pill or has had a course of antibiotics recently. Other patients may have recurrent vaginal thrush infection and they come complaining of it repeatedly. Vaginal examination usually reveals white curdy discharge. Microscopy will show fungal spores or hyphae. Treatment of the infection is with a course of antifungal vaginal tablets, e.g. Tioconazole (Gyno-Trosyd) 100 mgm o.n. for 3 nights. Anti-fungal cream be given if there is pruritus vulvae. Oral Ketoconazole (Nizoral) one b.d. can be given for 5 days if there is recurrent vaginal candidosis. Persistent chronic candidosis is due to lowered resistance to fungal infection. Occasionally, the husband harbours a candida infection between the prepuce and the glans penis and this infection needs to be eradicated. For those patients who have a troublesome recurrent infection for which no cause can be found, a prophylactic regime of vaginal anti-fungal tablets twice weekly for 4-6 months may be given. A prior investigation for diabetes mellitus is indicated in these patients.

Trichomonas vaginalis vaginitis:

This infection is due to infestation by the trichomonal vaginalis organism. It causes vaginal discharge with pruritus vulvae. On clinical examination, a red punctation on the cervix or vaginal walls, the so-called strawberry picture, can be seen. More often a greyish-yellow discharge with a fishy odour can be detected. The actively moving flagellate organism can be readily identified in a hanging drop preparation with normal saline. Treatment is with a course of oral anti-trichomonal tablets given to the patient and her husband, e.g. oral Ornidazole (Tiberal) 1.5 gm stat dose.

Gardnerella vaginal infection:

This is by the Gardnerella vaginalis organism, a commensal of the vagina. The symptom is that of an odorous vaginal discharge which is aggravated after coitus. The organism is identified by culture of the vaginal discharge. Treatment is with a course of Metronidozole (Flagyl) 200 mg t.d.s. for 7 days.

LESS COMMON CAUSES OF VAGINAL DISCHARGE AND/OR PRURITUS VULVAE

Among these one would include 1. Gonococcal infection 2. Chlamydia infection and 3. T-mycoplasma infection. These are all sexually transmitted diseases and history of exposure to such infection is helpful in the diagnosis.

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1. Gonococcal cervicitis and urethritis. There is usually a complaint of pus-like vaginal discharge associated with mild dysuria and frequency of infection. A pus-like discharge will be seen around the cervix and can also be expressed from the Skene's glands of the urethra. Intracellular Gram negative diplococci will be seen in a smear and culture will verify the Neisseria gonnorhoea organism. Treatment can be an intramuscular injection of Spectinomycin 2 gm or Ceftriaxone 250 mgm to the patient. Her husband or sexual partner must also be treated. Serological test for syphllis is to be done immediately and again in 6 weeks and 3 months.

2. Chlamydia and 3. T-mycoplasma infection of the lower female genital tract often present with the complaint of vaginal discharge. A culture of the cervical and upper and vaginal secretions will identify the causative organisms. Treatment is a 2-week course of Doxycline (Vibramycin) 100 mg b.d. to the patient and her husband.

UNCOMMON CAUSES OF VAGINAL DISCHARGE AND/OR PRURITUS VULVAE:

1. Allergy to nylon underwear. The complaint is only pruritus vulvae and the recent use of nylon underwear. The nylon material with sweat often irritates the sensitive skin of the vulva. A change to cotton underwear will prevent this condition.

2. Human papilloma infection of the vulva and vulval intraepithelial neoplasia. These have recently been found to be the causes of chronic pruritus vulvae often of many years standing. All forms of investigations and treatment have been of no avail. Colposcopy with the application of acetic acid will outline a U-shaped area of aceto-white skin around the inner lips of the labia minora and the fourchette. Biopsy will confirm HPV infection or vulval intraepithelial neoplasia. Treatment is by carbon dioxide laser vaporisation of the area of the skin.

3. As part of a generalised skin infection by eczema. Treatment is treatment of the skin condition.

REFERENCES

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