

VAGINITIS





What is Vaginitis?

Vaginitis is an inflammation or infection of the vagina, the area connecting the uterus (womb) to the vulva. Bacterial vaginosis (BV) and cytolytic vaginosis are common causes of vaginal symptoms, usually included among the causes of vaginitis. Since they do not produce inflammation, they are not true vaginitis conditions (see below).



What are the symptoms?

Symptoms of vaginitis may include pain, dryness, itching, vulvar burning, pain with intercourse or when urinating, and increased or abnormal discharge. An odor is present at times.



What is there to see?

When the vagina is examined, there may be nothing abnormal to see. Some of the abnormal changes that can be seen are loss of skin (sores), swelling, and redness. The discharge may be white, grey, or yellow and pus like. Vaginal tenderness (soreness when the area is examined) is often present. Swelling, cracking, redness and sores may extend to the outer lips of the vulva. It is impossible to make a diagnosis of the specific cause of the vaginitis based on the signs and/or symptoms only.

What are the causes?

There are many causes of vaginitis including infections, immune/autoimmune induced inflammation, hormonal conditions, and contact dermatitis. In some cases, an abnormal discharge may be due to an infection of the cervix or endometrium.

Causes of vaginitis:

- **Infectious diseases** - Candida/yeast, Trichomonas vaginalis, Group A Streptococcus (bacteria) and Herpes simplex viruses. In all of these cases, the condition can be present without causing active vaginitis and women may experience no symptoms. Trichomonas vaginalis is a sexually transmissible infection and must be always treated. Partners must also be traced and treated. The other infections may not need treatment if no symptoms are present.
- **Immune/autoimmune induced inflammation** – some disorders of the immune system and autoimmune diseases can manifest in the genital area (i.e. erosive lichen planus, or pemphigus).
- **Hormonal conditions** - estrogen deficiency (“atrophic vaginitis”) as seen at the menopause, women using Depo Provera, after childbirth (especially with prolonged breastfeeding) and during hormonal treatments for breast cancer.

- **Contact dermatitis** - various creams, soaps, intravaginal medications, the use of some sex toys and lubricants can cause inflammation. Allergy to latex (condoms) has also been observed but this is not common. Sometimes the use of condoms, specially if they are poorly lubricated, can cause an irritation and intolerance on the skin but this is not a true allergy.
- **Miscellaneous** - trauma, sexual intercourse without proper lubrication, foreign bodies (for example, retained tampons) Desquamative inflammatory vaginitis (or severe aerobic vaginitis) is an entity of unknown cause.

Bacterial vaginosis

Some health care providers do not consider bacterial vaginosis a vaginitis, as it is not a true infection. It does not cause inflammation. The cause of bacterial vaginosis is not known. It may be that loss of the normal lactobacilli found in the vagina leads to overgrowth of many other vaginal bacteria. While it is often asymptomatic, it may produce an increased, abnormal and fishy smelling vaginal discharge. Itching may also be present. It is usually not painful.

Cytolytic vaginosis

Cytolytic vaginosis is another cause of vaginal discharge, however its existence as a specific diagnosis is debated.

It is an overgrowth of the lactobacilli that are normally found in the vagina. It has been suggested that this irritates the vagina, causing the cells to shed with normal vaginal secretion. A white vaginal discharge is often noted. It may also be thin or watery. However, it can also be thick or curd-like. Burning, pain, and itching may be present. If a pH of the vagina is taken it is often in the low normal range.

Cytolytic vaginosis is diagnosed by the healthcare provider examining the vaginal discharge under a microscope.

How can the diagnosis of vaginal discharge be confirmed?

A systematic approach beginning with a detailed medical history followed by vaginal examination, including pH measurement (acid-base balance) and wet mount (microscopy) and sometimes culture, can lead to the correct diagnosis and appropriate treatment. Most causes of vaginitis can be diagnosed by combining the information from the medical history and physical examination together with the pH and microscope findings. In addition, more complex laboratory tests can be performed by your health care provider when the cause of vaginitis is unclear.

What is the treatment?

The treatment is based entirely on the diagnosis. For each one of the conditions above, a different treatment may be needed.

Infection – usually an antibiotic or antifungal treatment is indicated. This may be a cream or ointment to apply, or a tablet to take by mouth.

Immune/auto-immune induced inflammation – this is usually treated with a strong anti-inflammatory steroid ointment but desquamative vaginitis may respond to intravaginal clindamycin cream.

Hormonal – treatment with hormone replacement may be offered by your health care provider.

Desquamative inflammatory vaginitis - treatment consists of placing baking soda into the vagina. Talk with your provider to make sure you are using the correct amount of baking soda if you are being treated for this condition.

Contact dermatitis – treatment begins by first removing what is causing the problem. Anti-inflammatory steroid ointments are often needed as well.

Miscellaneous – the treatment is tailored to the cause of the vaginitis.