

Original Research Article

## **Clinical and Bacteriological Study of Recurrent and Refractory Vulvo-Vaginitis in GMH, Koti, Hyderabad**

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**Abstract:** The aim of this study is to evaluate the cases of refractory vulvo vaginitis. It is one of the major cause of psychosexual problem and obstetrics and gynecological problems. During this study diagnosis was made on clinical as well as on bacteriological study for successful treatment.

**Keywords:** vulvo vaginitis, psychosexual problem, Obstetrics and Gynecology.

### **INTRODUCTION:**

One of the vexing problems in Gynaecology is vaginitis. Vaginal discharge associated with chronic vaginitis is of aesthetic importance also and may contribute materially to psycho sexual problems and obstetrics and Gynae problems. Unfortunately, in most of the cases, diagnosis is made on the clinical appearance of vagina without performing any diagnostic tests like wet smear examination, pH estimation, and gram staining and culture examination[4-7]. This leads to incorrect diagnosis and incorrect treatment. This leads to recurrent and refractory vaginitis.

Condition leading to recurrence is incorrect diagnosis of treatment, presence of multiple organisms, failure to eradicate reservoir of infection, presence of abnormal environment eg. IUCD, douching, presence of other metabolic diseases like diabetes mellitus and debilitating conditions like Tuberculosis, emotional distress. Chronic vaginal infection, if not treated, can spread to upper genital tract giving rise to serious complications[1-3]. Therapy of vaginitis should be started after confirming the diagnosis so that incidence of refractory and inference of vaginitis will be minimum.

### **AIMS AND OBJECTIVES**

Identification of specific organisms responsible for vaginitis and its treatment accordingly

- To study the clinical diagnosis of vaginitis and to confirm it by means of microbiological finding and culture methods.
- To find vaginal bacteriological flora and its relation to pH of vagina.
- Determination of relationship of candida, trichomonal and gardenerella vaginitis infection to age, parity and socio economic status and debilitating conditions like diabetes and tuberculosis.
- To study and the treatment of male consort in recurrent and refractory vaginitis.

### **METHODS AND MATERIAL:**

This clinical study was carried out in 100 patients attending gynaec OP in GMH Koti, Hospital in last one year in reproductive age group on the basis of duration of white discharge and in those patients who took treatment for white discharge several times but there was a recurrence of symptoms. Detailed history taken for duration of complaint, past medication used menstrual history and obstetric history.

- Clinical examination and nutritional status, pelvic examination- local examination for vulva and perianal area P/S examination for the signs of vaginitis, amount, consistency, color, odor of discharge noted.
- P/V examination to rule out pelvic pathology, pH examination with indicator strip

- Microbiological study done, wet vaginal smear, wet smear preparation examined under high power microscope gram staining done
- Whiff test with 10% KOH for diagnosis of gardenella vaginalis vaginitis.
- Vaginal swab Culture and sensitivity placed on blood agar and MacConkey's medium for overnight inoculation.
- For Fungus- Vaginal swabs inoculated over sabouraud medium.
- E.Coli identified on MacConkey medium, Staphylococci and Streptococci also identified on gram stained preparation Doderlein's bacilli identified as thick non motile gram positive rods.

**Specific treatment**

- After finding out the cause of vaginitis, specific treatment was given according to the causative organism.
- Follow-up done after 7 days for symptomatic release, pH of vagina and clinical finding. Next examination done after 14 days
- For pH, symptomatic release, clinical finding.
- Final outcome noticed after 15 days [1].

**OBSERVATION:**

In present study, hundred patients were invested clinically and bacteriologically in GMH, Koti, Hospital, who were complaining of white discharge, itching over vulva and dysuria. All these patients examined both general and Gynaec check-up done in OP. Wet smear examination was done in every patient along with culture and gram staining. Vaginal pH was also studied. Follow-up of patient was done after 7 days and 14 days.

**Table-1: Age distribution**

Below 20	12%
21-30	38 %
31 to 40	40 %
Above 40	10 %

78% was found in reproductive age group i.e., 21-40 years of age.

**Table-2: Type of Discharge**

Trichomonal vaginitis	14 %
Candida vaginitis	20 %
Bacterial vaginitis	38 %
Endo cervicitis	5 %
Mixed vaginitis	3 %

**Incidence of vaginitis**

Trichomonal vaginitis-14%, candida vaginitis-20%, bacterial vaginitis-38%, endocervicitis-5%, mixed vaginitis-3%. These are mostly cases of trichomonal

and bacterial vaginitis. Rest of the cases no organism was detected.

**Table-3: PH Study in Vaginitis**

PH	Percentage
7-8	25%
6-7	30%
5-6	35%
3-5	10%

It shows alteration of resident flora of vagina infection was detected in Alkaline PH

**Table-4: Associated medical conditions**

Diabetes mellitus	3 Patients
Anemia	38 Patients
Tuberculosis	1 Patients
IUCD	20 Patients

Diabetes mellitus was found in three patients which was associated with candida vaginitis. Anaemia was present in 38 patients and one patient had tuberculosis.

**Relation to contraception**

IUCD was applied on 20 patients who had vaginitis. 6 patients took oral contraceptives for a long time.

**DISCUSSION:**

The clinical study carried out in hundred patients who attended OP in GMH Koti Hospital, in the reproductive age group and specific diagnosis was made after doing specific tests and exact cause of vaginitis was detected.

**CONCLUSION**

- This study was concerned with the identification of the specific organism which is responsible for vaginitis by doing Clinical and Bacteriological study of vagina.
- Sexually active period of life was found to be a risk period where patients are prone to get vaginal infections.
- Incidence of vaginitis was found to be higher in lower socio economic group.
- Study shows that the diagnosis of vaginitis should not be made on clinical appearance of vaginal discharge only as it was found to be unsatisfactory for the diagnosis of specific type of vaginitis.
- Clinical diagnosis was confirmed by vaginal smear examination and culture study. It was found that incidence of trichomonal vaginitis was 14%. Candida vaginitis was 20%. Bacteriological vaginitis was 38%. Mixed

vaginal infection was 3%. Endo cervicitis was 5%.

- Relation of vaginal pH studied, trichomonal and bacterial vaginitis had alkaline pH while candida infection occurred in acidic medium.
- Among symptoms, pruritus vulvae was found in candida infection and severe vulvitis and vaginitis was mostly found in candida vaginitis but cervicitis and erosion were more frequently seen in trichomonas positive cases. Urinary symptoms were common in candida and trichomonal infection.
- Iron deficiency anemia was associated with candida vaginitis. Diabetes mellitus was detected during study.

Observation regarding therapy showed that good results were obtained after correct diagnosis of trichomonal and bacterial vaginitis. Anti-fungal agents were given for candida vaginitis. It can be concluded that the key of successful therapy of chronic vaginitis lies in accurate diagnosis of condition, as different causative organisms have different aspects in manifestation of disease, its course, its treatment and very important in its recurrence.

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