FEMALE GENITAL TRACT INFECTIONS

BY

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Natural barriers against female genital tract infections:

at the vulva:
at the vagina:
at the cervix:
at the endometrium:
at the Fallopian tube:

Lower genital tract infections:

Vulvitis:

Vaginitis:

Cervicitis:

Vulvitis:

The vulva my be involved in variety of conditions:

*** skin diseases (frunculosis, intertrigo, moniliasis, tinea cruris, Allergy, parasitic infection)*

***sexually transmitted diseases*

*** chroic specific infections e.g. T.B. Bilharziasis*

***Secondary vulvitis: secondary to vaginitis, urinary conditions or rectal conditions*

Vulvitis:

Infantile and senile Vulvitis (vulvovaginitis):

***The epithelium is thin and inactive due to lack of estrogen*

***Lack of cleanliness, foreign body, worms are predisposing factors*

***The vulval skin is red excoriated covered with discharge*

***Estrogen locally applied plus local cleanliness are the usual treatment antibiotics are rarely needed. Rectal examination to detect foreign body may be needed in children*

Vulvitis:

Bartholinitis:

***As a result of obstruction of its duct, accumulation of secretion and infection, the gland is swollen tender and the overlying skin is red. It may end into abscess formation chronic Bartholinitis or Bartholin cyst*

***The treatment is by broad spectrum antibiotics, incision, mersupialization or gland excision*

Vaginitis:

During childhood: ***vulvovaginitis***

During the reproductive age:
moniliasis, trichomoniasis, bacterial vaginosis, viral vulvovaginitis, chlamedial vaginitis

After menopause: ***senile vaginitis***

Vaginitis:

Moniliasis (candidiasis):

***causative organism:** most commonly C albicans

***predisposing factors:** DM, Pregnancy, use of antibiotics, immuno-supressants, corticosteroids

** **clinical picture:** itching, discharge, redish vulva

** **diagnosis confirmed by (rarely needed):** PH, microscopy, culture

Vaginitis:

Moniliasis (candidiasis):

***Treatment:*

***Azoles:** vaginal: (clotrimazole, miconazole, butoconazole) for 1 to 7 days

oral: (ketoconazole for 5 days, itraconazole or fluconazole single dose)

**Nystatin vaginal tablets used for 14 days : cheap treatment, largely replaced by the azole dervatives*

Vaginitis:

recurrent vulvovaginal candidiasis: when there are 4 or more episodes per year

***Etiology: not always clear*

**diabetes*
**pregnancy*
**depressed immunity*
**reinfection*
**infection by non albicans species e.g. C glabrata which requires longer regimens of treatment*

Vaginitis:

recurrent vulvovaginal candidiasis:

***Treatment:*

**oral plus local treatment by azole derivatives*
**longer courses of oral azoles e.g. fluconazole once weekly or 3-6 months*
**gentian violet 1%*
** investigation for concurrent immunosupression.*

Vaginitis:

Trichomoniasis: sometimes STD

***causative organism:** Trichomonas vaginalis a flagellated protozoon*

*** clinical picture:** copious malodorous discharge, intense pruritis, dyspareunia, dysuria, strawberry vagina*

*** diagnosis confirmed by (rarely needed):** wet mount preparation, culture*

Vaginitis:

Trichomoniasis: “sometimes STD”

Treatment: ***Metronidazole 500 mg twice daily for 1 week, treatment of the male partner should be considered.***

Vaginitis:

Bacterial vaginosis (BV): "formerly Gardenerella vaginalis or non specific vaginitis"

causative organism:* *poly microbial:

Gardenerella vaginalis Formerly called Hemophylus vaginalis

Bacteroids ; anerobic bacilli

Mycoplasma hominis

Mobilinicus species

Vaginitis:

Bacterial vaginosis (BV):

**Clinical picture: May be asymptomatic :

Discharge: is the main symptom, it is excessive homogenous grayish white may be of fishy odor

NO ITCHING

The vagina looks normal

Vaginitis:

Bacterial vaginosis (BV):

**Diagnosis: Amsell's criteria :

1- Discharge:

2- pH > 4.5

3- Whiff test (Amine test)

4- Clue cells

Vaginitis:

Bacterial vaginosis (BV):

***Diagnosis:** Gram stain :*

shows abundance of mixed bacteria, paucity of lactobacilli, few WBCs, Clue cells may be seen

Vaginitis:

Bacterial vaginosis (BV):

Treatment:

- ***Metronidazole**
- ***Secnidazole**
- ***Clindamycin**

Problem solving:

36 years old patient complaining of excessive vaginal discharge that causes sexual dysharmony on speculum examination there is a lot of discharge and the cervix and vagina appeared normal

***what is the possible diagnosis*
*** explain*
***who to prove your dagnosis*
***what is the treatment of the case*


Thank
You