

Vaginal Discharge

1. 35-y/o healthy female has come to your office for annual exam. She denies any vaginal discharge. Pelvic exam is wnl. Results of papsmear come back normal but reports presence of *Candida.albicans*. What is the appropriate management of this patient?
 - a. Treat with topical application of one of imidazoles (miconazole, clotrimazole,...) for 3 days
 - b. Treat with single-dose oral therapy of Fluconazole of 150 mg
 - c. Repeat of papsmear in 3-6 months
 - d. No treatment is needed

2. Match each of the following microscopic findings to the appropriate category of vaginitis
 - a. *C. albicans*
 - b. *C. glabrata*
 - c. *Gardnerella*
 - d. *Trichomona*
 - I. Budding filaments
 - II. Clue cells
 - III. Many White blood cells
 - IV. Spores only

3. Treatment of male sex partners is recommended in which of the following conditions:
 - a. *Candida*
 - b. *Trichomona*
 - c. Bacterial Vaginosis
 - d. None of the above

- 4.a. 28-y/o otherwise healthy sexually active female comes to your office for recurrent vaginal candidiasis. This is her fifth visit this year for the same problem. She has no other symptoms and PE is otherwise wnl. Which of the following labs are appropriate to order at this time.
 - a. Fasting blood sugar
 - b. HIV screening
 - c. pregnancy test
 - d. All of the above

- 4.b. All above tests come back within normal limits. Which one of the following is Not true regarding management of this patient.
 - a. R/o drug sensitivity .
 - b. Start oral Ketoconazole for 6 months
 - c. Advise pt on use of topical application of treatment for early signs of infection
 - d. Culture vaginal discharge to identify the fungus species
 - e. Recommend daily ingestion of 8 ounces of yogurt containing *Lactobacillus acidophilus*

5. In treatment of a patient with trichomonas vaginitis which one (s) are true:
- a. A single 2-g dose of metronidazole or 500 mg bid is equally effective.
 - b. Pregnant patients should not be treated until after
 - c. Women with this infection should be tested for N.gonorrhoea and C.trachomatis
 - d. In case of repeated failures pt should be treated with a single 2-g dose once daily for 3-5 days
 - e. Metronidazole gel can be used for tx of vaginal trichomoniasis

Vaginal Discharge Answers

2. 35-y/o healthy female has come to your office for annual exam. She denies any vaginal discharge. Pelvic exam is wnl. Results of pap smear shows no abnormality but reports presence of *Candida albicans*. What is the appropriate management of this patient?
- e. Treat with topical application of one of imidazoles (miconazole, clotrimazole,...) for 3 days
 - f. Treat with single-dose oral therapy of Fluconazole of 150 mg
 - g. Repeat papsmear in 3-6 months
 - h. No treatment is needed**

(Answers a&b are both correct for a pt with symptomatic vaginal candidiasis. *C.albicans* is part of normal vaginal flora . Therefore unless symptomatic there is no need for treatment or FU)

2. Match each of the following microscopic findings to the appropriate category of vaginitis

- e. *C. albicans* (**budding filaments**)
- f. *C. glabrata* (**spores**)
- g. Gardnerella (**Clue cell**)
- h. *Trichomona* (**many wbc**)

3. Treatment of male sex partners is recommended in which of the following conditions:

- c. *Candida* (**not unless partner has an associated candida balanitis**)
- d. *Trichomona* (yes, it is a STD with high transmission rate)**
- e. Bacterial Vaginosis (**most authors do not recommend unless dealing with recurrent vaginitis**)
- f. None of the above

(With bacterial vaginosis and vulvovaginal candidiasis treatment outcome or relapse rate is not affected by treating the male partner)

- 4.a. 28-y/o otherwise healthy sexually active female comes to your office for recurrent vaginal candidiasis. This is her fifth visit this year for the same problem. She has no other symptoms and PE is otherwise wnl. Which of the following labs are appropriate to order at this time.

- e. Fasting blood sugar
- f. HIV screening
- g. pregnancy test
- h. All of the above**

Recurrent vaginal discharge is defined as 4 or more episodes of symptomatic lower tract infection within 12 months . Diabetes, depressed cell-mediated immunity, prolonged use of antibiotics and hormonal imbalance can precipitate this infection. But it can also occur with no predisposing factors.

4.b. All tests ordered were within normal limits. Which one of the following is Not true regarding management of this patient.

- a. R/o drug sensitivity .
(**TRUE. Some investigators think that an allergic response of the vagina may be a predisposing factor the recurrent infections).**
- f. Start oral Ketoconazole for 6 months (**FALSE . Reasons : high recurrence rate after drug discontinued and liver toxicity with prolonged use of ketoconazole)**
- g. Advise pt on use of topical application of treatment for early signs of infection .(**TRUE**)
- h. Culture vaginal discharge to identify the fungus species (**TRUE; some species of candida are not susceptible to routine tx with imidazoles)**
- i. Recommend daily ingestion of 8 ounces of yogurt containing lactobacillus acidophilus (**Some gynecologist recommend this based on one article in annals of internal medicine which showed a 3- fold decrease in candida reinfection and colonization**)

5. In treatment of a patient with trichomonas vaginitis which one (s) are true:

- f. A single 2-g dose of metronidazole or 500 mg bid is equally effective. (**TRUE**)
- g. Pregnant patients should not be treated until after delivery (**FALSE, pregnant women with this infection are at increased risk of premature rupture of membranes and may be treated after the first trimester with a single 2-g oral dose).**
- h. Women with this infection should be tested for N.gonorrhoea and C.trachomatis (**TRUE, since this is STD, HIV and RPR should be considered as well**)
- i. In case of repeated failures pt should be treated with a single 2-g dose once daily for 3-5 day (**TRUE, for first time failures the 7-day regimen(500 bid) should be tried first**)
- j. Metronidazole gel can be used for tx of vaginal trichomoniasis (**FALSE, although highly effective for treatment of bacterial vaginosis, it should not be use to treat trich**)