

Candidomyceta vulvovaginitis

Vulvovaginitis candidomyceta or yeast vulvovaginitis, commonly occurs in up to 75% of women at least once in their lifetime.

Clinical picture

There is a whitish discharge associated with itching, burning and erythema of the vulva and vagina or burning during urination. The cause is *Candida albicans*, and the predisposing factors include diabetes mellitus, pregnancy, and the use of immunosuppressants, corticoids, and antibiotics.

Diagnosis

Microscopically, we demonstrate yeast, together with the symptomatology, where in up to 20% of women, the mucous membrane is inhabited by *Candida albicans* normally. We also demonstrate culturally.

Therapy

Local azole antifungal (Clotrimazole) for 7 days, or one time Fluconazole 150 mg po In case of relapses, we will also think about treating the sexual partner.

Course and prognosis

Chronic relapses occur in 5% of cases.

Links

Related articles

- Vulvovaginitis
 - Bacterial vaginosis
 - Candidomyceta vulvovaginitis
 - Trichomonad vulvovaginitis

Použitá literatura

- ŠTORK, Jiří. *Dermatovenerologie*. 1. edition. Praha : Galén, Karolinum, 2008. 502 pp. ISBN 978-80-7262-371-6.