

The originators of infections of the female genital tract

In women, a urethral infection usually coincides with a bladder infection. We separately monitor infections of the vulva, vagina and cervix, uterus, ovaries and fallopian tubes.

Vulvovaginitis

- Itching, burning, discharge;
- previously the disease was classified according to the finding in MOP, today rather according to etiology.

Viral

- **Herpes genitalis, HSV-2, HSV-1;**
- genital blisters, later pustules;
- unpleasant benign disease, dangerous in pregnancy;
- **dg:** clinical symptoms, virus culture, PCR;
- **therapy:** aciclovir.

Bacterial vaginosis

- Frequent disease, consequence of **vaginal dysmicrobia**;
- decrease in the amount of lactobacilli in the vaginal secretion, overgrowth of other bacteria, mainly anaerobes (bacteroids, peptostreptococci, fusobacteria);
- *Gardnerella vaginalis*, *Mobiluncus*;
- **dg: Amsel's criteria** - typical discharge, positive amine test (fishy smell), during microbiological examination of the secretion, the finding of changed epithelia covered with bacteria, vaginal pH > 4.5;
- **therapy:** metronidazole; untreated vaginosis can result in pelvic inflammatory disease.

Aerobic vaginitis - dysmicrobia, aerobic species predominate, especially *E. coli*, enterobacteria, candida.

Lactobacillosis - pathogenic strains of lactobacilli.

Vulvovaginal candidiasis - predisposition: decompensated DM, immune disorders, corticosteroids, ATB treatment.

Trichomoniasis

- ***Trichomonas vaginalis*;**
- foamy, yellow-green **discharge**;
- **dg:** vaginal pH, amine test, detection of trichomonad Ag in secretions (ELISA), therapy also necessary for sexual partners.

Cervicitis

- ***N. gonorrhoeae*, *Chlamydia trachomatis*, HSV, HPV** and others;
- **dg:** gonococcus - culture, chlamydia - direct diagnosis (chlamydia Ag - ELISA, immunofluorescence methods, PCR).

Infection of the uterus

- Mostly as a result of abortion, childbirth, instrumentation;
- begins as endometritis, then affects the myometrium, parametrium and small pelvis, sepsis;
- pyogenic bacteria, often nosocomial strains (*S. pyogenes*, *S. agalactiae*, *S. aureus*);
- **therapy:** ATB, drainage of pus.

Deep pelvic inflammation

- *Chlamydia trachomatis*, *E. coli*, bacteroids, peptostreptococci, anaerobic bacteria, *Haemophilus influenzae*, aerobic streptococci, *Mycoplasma hominis*, *Ureaplasma urealyticum*, *N. gonorrhoeae*, *Actinomyces israeli*;
- usually multiple pathogens, determining the primary causative agent is problematic;
- **dg:** sono, fluid puncture (microbiological examination).

Links

References

- BENEŠ, George. *Infectious Diseases*. 1. edition. Galen, 2009. 651 pp. ISBN 978-80-7262-644-1.

