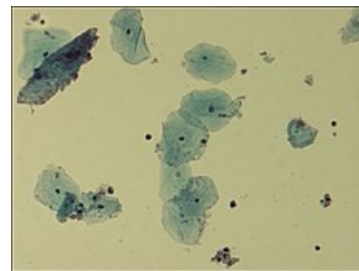


Bacterial vaginosis

Bacterial vaginosis is a polymicrobial clinical syndrome characterized by a partial reduction or disappearance of lactobacilli and, conversely, an overgrowth of aerobic and anaerobic bacteria in the vagina.^[1] These are bacteria that are commonly found here (*Gardnerella vaginalis*, *Prevotella*, *Mobiluncus*). It is a **non-inflammatory** disease and is the most common cause of vaginal fluorosis (discharge) in sexually active women.

Clinical presentation

It is manifested by a grey-white vaginal discharge with a characteristic "fishy smell". This may appear only after the addition of 10% KOH.



Gardnerella vaginalis in a vaginal swab

Diagnosis

If suspected, measure vaginal fluoride pH, which is > 4.5 . In the native microscopic specimen, we find numerous epithelial cells and a granular appearance of the cytoplasm for the presence of a large number of bacteria.

Differential diagnosis

We distinguish bacterial vaginosis from vaginitis.

Iron

Therapy

Metronidazole 2×500 mg/day for 7 days, or metronidazole gel for 5 days, or clindamycin 2% cream for 7 days.

Course and prognosis

Vaginosis left untreated increases the risk of sexually transmitted infections, premature amniotic fluid drainage and childbirth.

Links

Related articles

- Vulvovaginitis
 - Vulvovaginitis candidomyceta
 - Trichomonas vulvovaginitis

References

1. ROB, Lukáš – MARTAN, Alois – CITTERBART, Karel, et al. *Gynekologie*. 2. edition. Praha : Galén, 2008. 343 pp. pp. 134. ISBN 978-80-7262-501-7.

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