

Vulvovaginitis

Vulvovaginitis (aka vulvovaginal infections) are inflammatory disorders of the vulva and vagina. They include the following clinical entities:

- Bacterial vaginosis
- Trichomonas vaginosis
- Aerobic vaginosis
- Vulvovaginal candidiasis
- Herpetic vulvovaginitis
- Vaginal lactobacillosis

Etiology

The diverse etiology of infectious origin includes bacteria, viruses, fungi and parasites. Often, the resulting vaginal flora is transferred to the external genitalia and secondarily infects it causing irritation.

Clinical picture

They are usually characterized by vaginal pruritus or burning, and/or discharge of various nature and/or vulvodynia, depending on the etiology. Signs of inflammation edema, erythema of the vagina or vulva, itching, burning, dyspareunia may be present. It is necessary to focus on the possible ascending progression of the infection, which may cause inflammation in the pelvic area (pelvic inflammatory disease (PID)) with possible negative consequences (e.g. infertility, ectopic pregnancy or chronic pelvic pain).

Differential diagnosis

To establish the correct diagnosis, it is necessary to assess the **clinical picture of the problem** (presence and character of discharge, itching, signs of inflammation, etc.) along with the determination of pH and microscopic examination of the vaginal environment. The microscopic examination is performed either directly in the gynaecological outpatient clinic - native microscopy, or in microbiology, where a Gram-stained slide is most often used (assessed, for example, according to Nugent). The microscopic native examination is supplemented by a sniff test for volatile amines with one drop of 10% KOH solution (see bacterial vaginosis) and microscopic examination of this preparation (KOH dissolves practically everything except yeast).

The previously recommended microbial vaginal count (mikrobiální obraz poševní - MOP) has insufficient clinical relevance. E.g. also because of significant differences in the vaginal microbiome according to ethnicity (MOP is standardized to the Caucasian population). Also, culture examination is only a complementary examination.

In patients with suspected chlamydial cervicitis (recurrent watery discharge, absence of signs of vaginal inflammation, postcoital spotting, etc.) we take a cervical canal swab and check for the presence of chlamydia (PCR, immunofluorescence, etc.).

The examination algorithm can also be supplemented by cytological examination of the cervix.

Therapy

It is always determined by the etiology. In a severe course, conventional treatment can be combined with corticosteroids. Conversely, for isolated vulvodynia, topical administration of corticosteroids is often sufficient.

References

Related articles

- Urethritis:
 - Gonorrhea
 - Chlamydial infections of the genital tract
 - Mycoplasma infections of the genital tract
- Balanitis
- Phimosis

Used literature

- ŠTORK, Jiří, et al. *Dermatovenerologie*. 1. vydání. Praha : Galén, Karolinum, 2008. 502 s. ISBN 978-80-7262-371-6.
- MAŠATA, Jaromír. Urogynnekologické infekce – pohled urogynnekologa. *Urologie pro praxi* [online]. 2014, roč. 5, vol. 15, s. 211-216, dostupné také z <<https://www.urologiepropraxi.cz/pdfs/uro/2014/05/03.pdf>>. ISSN 1803-

5299.

-
-

Kategorie:Dermatovenerologie Kategorie:Mikrobiologie Kategorie:Infekční lékařství Kategorie:Patologie
Kategorie:Gynekologie