Vaginitis

Vaginitis is characterized as inflammation of the vagina with symptoms of vaginal discharge, pruritus, and pain. Fungal, bacterial, or yeast infections may cause vaginitis. Postmenopausal atrophy related to decreased hormonal levels may also lead to vaginitis. Medications prescribed to treat vaginitis include antifungals, antibiotics, and estrogen hormones. Instruct the patient to practice abstinence until symptoms of infection resolve. Recommending cotton underwear and frequent cleaning of the perineum will also help resolve the infection. Since multiple infections of Candida albicans commonly indicates HIV, refer the patient to HIV testing if experiencing recurrent episodes of vaginitis.



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Cause/Mechanism

Infection

Infectious-bacteria

Vaginitis is commonly caused by an infection via contaminated hands, clothing, douching, or sexual intercourse. Medications such as oral contraceptives, antibiotics, and corticosteroids may also alter vaginal pH and lead to overgrowth of organisms developing into an infection. Infections include bacteria, yeast, or fungi such as Candida albicans. Vaginitis caused by a sexually transmitted protozoan organism (Trichomonas vaginalis) may present with symptoms of a malodorous copious, greenish yellow frothy vaginal discharge.

Postmenopausal Atrophy

Post-man-paws with @-trophy

Aging and postmenopausal atrophy may lead to the development of vaginitis. Estrogen helps maintain the acidic pH of the vagina. After menopause, estrogen levels decrease and lower the female's natural defenses against organisms.

Assessment

Vaginal Discharge

Vagina-violet with Discharge

Depending on the causative organism, vaginitis may cause reddened vulvar lesions and vaginal discharge. The patient with vulvovaginal candidiasis may experience white, thick, cottage cheese-like discharge. A trichomoniasis infection may cause malodorous copious, greenish yellow frothy discharge. Patients with bacterial vaginosis (Gardnerella) commonly complain of a fishy odor, especially after intercourse.

Pruritus

Prairie-dog

Intense pruritus, or itching, of the vaginal wall is a common symptom of vaginitis. Topical corticosteroid ointments such as clobetasol (Temovate) may be prescribed to help relieve itching. Infectious organisms may cause inflammation of the vaginal wall. A red and edematous vaginal wall contributes to dyspareunia or pain with intercourse. The patient with vaginitis may also experience pain during urination.

Interventions

Antifungals (Miconazole, Clotrimazole)

Ant-tie-fun-guy

Antifungal medications administered as vaginal suppositories are indicated for vaginitis caused by a fungal infection. Patients with Candida albicans may be prescribed miconazole (Monistat), clotrimazole (Gyne-Lotrimin) or tioconazole (Vagistat). Vaginitis caused by Trichomonas vaginalis may be treated with metronidazole (Flagyl) or tinidazole (Tindamax). Warn the patient that metronidazole may cause a metallic taste and to avoid alcohol consumption or soaps/perfumes containing alcohol when prescribed metronidazole to avoid a disulfiram reaction.

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Antibiotics

ABX-guy

Bacterial causes of vaginitis may be treated with sulfonamides or penicillins. The choice of medication and duration of treatment depends on the specific organism. However, use of antibiotics such as penicillins, tetracycline, and cephalosporin may alter vaginal pH and increase the patient's susceptibility of developing Candida albicans infection.

Estrogen Hormones

Easter-egg Harmonica

Vaginitis caused by postmenopausal atrophy may be treated with estrogen hormones to help restore normal levels of vaginal secretions. Estrogen hormones may be administered topically or orally.

Abstinence

Purity-ring

To prevent infecting others, advise the patient to abstain from sexual activity until the infection is resolved with a completed full course of medication. If the patient chooses to engage in sexual intercourse, advise the patient to use a condom.

Considerations

Good Hygiene

Clean High-jeans

Good hygiene is critical in preventing vaginitis. Instruct the patient to keep the perineum clean and dry to prevent development of infection. Recommending the use of cotton underwear helps wick away moisture that may otherwise encourage vaginal organism growth. Warn the patient that douching should be avoided since it has been linked with pelvic inflammatory disease, sexually transmitted infections, and ectopic pregnancy.

Recurrent Vaginitis

Recurrent-clock with Vagina-violets-on-fire

Teach the patient good hygiene techniques to prevent the recurrence of vaginitis. However, if the patient experiences multiple infections of Candida albicans, refer them to get tested for HIV since recurrent infection is a common symptom of HIV. Instruct the patient to take the full course of prescribed medication to decrease the chance of relapse.

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