

Trichomonas vaginitis / bacterial vaginosis (TV/ BV)

- T. vaginalis is a sexually transmitted protozoan
- Bacterial vaginosis is not a sexually transmitted condition but it has been linked to several adverse outcomes (including adverse outcomes of pregnancy and an increased risk of STIs, including HIV, pelvic inflammatory disease and tubal factor infertility). The condition is characterized by low concentrations or an absence of lactobacilli and a florid presence of anaerobic flora

Trichomonas vaginitis (TV) signs and symptoms

- Symptomatic women, with T. vaginalis presents with an abnormal vaginal discharge, yellow and may appear purulent.
- About 50% of symptomatic women with T. vaginalis report vulval itching.
- On examination, vulval erythema and oedema may be noted.
- On speculum examination,
 - yellow or greenish vaginal discharge (variable colour), may be frothy.
 - The vaginal walls may be erythematous.
 - Strawberry cervix (punctate hemorrhages on the cervix) is highly indicative of trichomoniasis although this finding is uncommon.

Bacterial vaginosis (BV) signs and symptoms

- About 90% of symptomatic women with bacterial vaginosis have a white vaginal discharge and an abnormal vaginal odour.
- On speculum examination,
 - vulval erythema and edema may be noted
 - a discharge of variable color can be seen in the vagina, classically described as yellow or greenish and may be frothy.
- On examination: the thin, white, homogenous discharge may be observed.
- On speculum examination,
 - the homogeneous discharge may be observed, adherent to the vaginal wall.
 - the cervix is usually normal in appearance

TV/ BV Diagnosis

- Syndromic (both in high risk and low risk women): main complaint of abnormal vaginal discharge or abnormal malodour.
 - The main complaint should be expressed spontaneously. A patient should now get an open question; “what is your main complaint”. It should not be an elicited complaint (= in answer to the question “do you have pruritus?”).
- Speculum and laboratory examination: TV (+) or ≥3 out of 4 below.
 - homogenous discharge
 - KOH smell (+)
 - pH ≥ 4.6
 - >20% clue cells

TV/ BV Treatment

1st Line treatment	2nd Line treatment
• Tinidazole 2gm stat⁸ or • Metronidazole 2gm stat⁸ (pregnant women)	Tinidazole 2gm OD x 2days or Tinidazole 1gm OD x 5 days ⁹

- If TV +, partner treatment is needed. Otherwise, no need of partner treatment
- Health education for vaginal care is important.
 - Vagina is self-cleaning. Only the vulva should be cleaned with water. Excessive washing or chemicals can be irritating.
 - Keep the vulva dry and remember to always wipe front-to-back after using the toilet.

⁸. High relapse rates reported. Inform the patient that this is a good drug, but that the complaints might return. If the patient is informed, she can accept it better.

⁹. For pregnant women use preferably the lower dose + longer duration

Reference:

- WHO STI guideline 2021
- MAM STI guideline_2023