

VAGINAL DISCHARGE QUICK REFERENCE GUIDE

Feature	<u>BACTERIAL VAGINOSIS</u>	<u>VULVOVAGINAL CANDIDIASIS</u>	<u>TRICHOMONIASIS</u>
Normal vaginal discharge is usually white or clear, odourless and can vary with menstrual cycle (thick and sticky to slippery and wet)			
Symptoms	Thin white discharge Offensive fishy odour NO itch/irritation	Thick white discharge Non offensive odour Dyspareunia/Dysuria Vulval itch/discomfort	Frothy yellow-green discharge Offensive odour Dyspareunia/Dysuria Vulval itch/discomfort
Signs	No inflammation of vulva	Vulval erythema/fissuring Satellite lesions	Strawberry cervix Vulvitis/Vaginitis
Vaginal pH	> 4.5	< 4.5	> 4.5
Swab to send	MC&S* swab if clinical uncertainty	MC&S* swab if clinical uncertainty	Aptima** swab (specify Trichomonas PCR on test request)
Microscopic Findings	Clue cells	Yeast cells	Motile trichomonads on wet prep
Test for STI?	Yes	Yes	Yes
Retest after treatment?	No	No	Yes (Window period applies) (If positive on retest refer to GUM)
Do I treat the partner?	No	No	Yes (within 4/52 prior to presentation)
Treatment	Bacterial Vaginosis treatment table Avoid vaginal douching. Metronidazole 400mg BD 5-7 days (Avoid alcohol) OR Clindamycin cream 2% ON 7days (Avoid in 1st trimester) OR Clindamycin 300mg BD 7 days	Vulvovaginal Candidiasis treatment table Avoid tight clothes/use of soaps. Oral & topical treatments have similar efficacy. Clotrimazole 1-2% tds up to 7 days OR see extensive list of pessary/PO meds www.antibioticprescribing.ie for both candida and recurrent candidiasis.	Trichomoniasis treatment table Metronidazole 2g PO (Avoid 2g dose in pregnancy/breastfeeding) OR Metronidazole 400mg BD 5-7 days (Avoid alcohol) * Notifiable disease

*MC&S- Microscopy, Culture and Sensitivity (charcoal swab- check local suppliers)

** Aptima swab- NAAT/PCR test