

BACTERIAL VAGINOSIS

Bacterial Vaginosis (BV) is the most common cause of vaginal discharge in women. **BV itself is not harmful**, although it has been associated with some health problems, such as a higher risk of preterm delivery, infections of the surgical site after gynecological surgery, increased risk of becoming infected with genital herpes, gonorrhea, or chlamydia, and an increased risk of becoming infected with and spreading HIV.

The cause is an imbalance between the healthy bacteria, called lactobacilli or acidophilus, and the other type called anaerobic bacteria, which overgrows. The reason for these changes is not known but risk factors for BV include multiple or new sexual partners, douching, and cigarette smoking.

BV is somehow related to sexual intercourse, although most recurrences are not sexually related. The American college of Obstetrician and Gynecologists calls it a **SAD (Sexually Associated Infection)**, as it is less common in women who do not have sexual relations, or when condoms are used.

A large number, approximately 50 to 75 percent of women with BV have no symptoms. Those with symptoms often notice an unpleasant, "fishy smelling" vaginal discharge that is more manifest after sexual intercourse. Vaginal discharge that is off-white and thin may also be present. Some patients have itching. Pain during urination or sex, redness, and swelling are not typical.

The **diagnosis** of BV is based upon a physical examination and laboratory testing. The physical examination usually includes a pelvic examination, and obtaining vaginal swabs.

Treatment of BV is generally recommended. There are two prescription medications used for the treatment of BV: metronidazole and clindamycin. Both medications can be taken in pill form by mouth, or with a gel or cream that is inserted inside the vagina. Oral medication may be more convenient, but causes more side effects.

Metronidazole vaginal gel is a very effective treatment; it is applied inside the vagina at bedtime for five days. Metronidazole can also be taken in pill form, 500 mg twice daily for seven days. The choice of pill versus vaginal gel depends upon the woman's preference. In general, there are fewer side effects with the vaginal treatment.

Side effects of oral metronidazole include a metallic taste, nausea, and vomiting. **You should not drink alcohol while taking metronidazole pills** due to the risk of a serious interaction, which can cause flushing, nausea, thirst, palpitations, chest pain, vertigo, and low blood pressure. The vaginal gel does not cause these side effects.

Clindamycin is a cream that is inserted into the vagina at bedtime for seven days. Clindamycin cream should not be used with latex condoms due to the risk of condom breakage.

RELAPSED OR RECURRENT BV

Unfortunately, 30 percent of women who initially improve after treatment have a **relapse** of BV symptoms within three months, and more than 50 percent have a recurrence of symptoms within 12 months.

We are using the following protocol (recommended by UP-TO-DATE):

1. Oral or vaginal metronidazole or clindamycin for seven days, followed by
2. Boric acid 600 mg vaginal suppositories for 21 days. A swab is then performed to confirmed clearance of BV and then
3. Vaginal metronidazole gel twice weekly for four to six months.

WHAT CAN BE USEFUL TO MINIMIZE THE RISK OF RECURRENCE?

Do not douche. Douching is the use of a solution to rinse the inside of the vagina. Some women douche to feel "clean", although there is no proven benefit of douching. The vagina is normally able to maintain a healthy balance of bacteria; douching can upset this balance and potentially flush harmful bacteria into the upper genital tracts (uterus, fallopian tubes).

Limit the number of sexual partners. Women with multiple sexual partners are at higher risk of developing BV and sexually transmitted infections.

Finish the entire course of treatment for BV, even if the symptoms resolve after a few doses.

Use of **condoms** is advised for male partners of women with recurrent BV.

MEASURES THAT ARE NOT LIKELY TO HELP

Treating the sexual partner does not improve the woman's symptoms or decrease the risk of the infection coming back, hence treatment of male sexual partners is not recommended. However, metronidazole pills can be used in selected cases.

Probiotic therapy appears to be of no value in preventing recurrence of BV.

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