

VAGINITIS, CANDIDAL

(Vaginal Yeast Infection)

BASIC INFORMATION

DESCRIPTION

Infection or inflammation of the vagina caused by a yeast-like fungus (usually *Candida albicans*). It is the second most common vaginitis in the U.S. (bacterial vaginitis is the most common).

FREQUENT SIGNS AND SYMPTOMS

Severity of the following symptoms varies among women and from time to time in the same woman.

- White, "curdy" vaginal discharge (resembles lumps of cottage cheese). The odor may be unpleasant, but not foul.
- Swollen, red, tender, itching vaginal lips (labia) and surrounding skin.
- Burning on urination.
- Change in vaginal color from pale pink to red.
- Pain during sexual intercourse (dyspareunia).

CAUSES

The fungus *Candida* lives in small numbers in a healthy vagina, rectum and mouth. When the vagina's hormone and pH balance is disturbed, the organisms multiply and cause infections. The vaginitis tends to appear before menstrual periods and subsides when the period begins.

RISK INCREASES WITH

- Pregnancy.
- Diabetes mellitus.
- Antibiotic treatment.
- Oral contraceptives (possibly).
- High carbohydrate intake, especially sugars and alcohol.
- Hot weather and/or nonventilating clothing, which increase moisture, warmth and darkness, fostering fungal growth.
- Immunosuppression from drugs or disease.

PREVENTIVE MEASURES

- Keep the genital area clean. Use plain unscented soap.
- Take showers rather than tub baths.
- Wear cotton underpants or pantyhose with a cotton crotch.
- Don't sit around in wet clothing, especially a wet bathing suit.
- Avoid douches, vaginal deodorants, bubble baths and dyed or perfumed toilet paper.
- Limit your intake of sweets and alcohol.
- After urination or bowel movements, cleanse by wiping or washing from front to back (vagina to anus).
- Lose weight if you are obese.

- If you have diabetes, adhere strictly to your treatment program.
- Avoid antibiotics unless prescribed by the doctor.

EXPECTED OUTCOME

Usually curable after 1 to 2 weeks of treatment (sometimes less).

POSSIBLE COMPLICATIONS

- Secondary bacterial infections of the vagina and other pelvic organs.
- In some cases, the vaginitis becomes chronic.

TREATMENT

GENERAL MEASURES

- Diagnostic tests may include laboratory studies of vaginal discharge, Pap smear and pelvic examination.
- Drug therapy will be directed to the specific organism. Treatment for your sexual partner may be recommended also. It is best not to do self-treatment for the disorder until the specific cause is determined.
- Don't douche unless prescribed for you.
- If urinating causes burning, urinate through a tubular device, such as a toilet-paper roll or plastic cup with the bottom cut out or pour a cup of warm water over the genital area while you urinate.

MEDICATION

Antifungal drugs may be prescribed, either in oral form (rare) or in vaginal creams or suppositories (usually). Keep creams or suppositories in the refrigerator. After treatment, you may keep a refill of the medication so you can begin treatment quickly if the infection recurs. Follow the directions carefully. Nonprescription treatments (Gyne-Lotrimin, Mycelex, etc.) are effective.

ACTIVITY

Avoid overexertion, heat and excessive sweating. Delay sexual relations until symptoms cease.

DIET

Increase consumption of yogurt, buttermilk or sour cream. Reduce alcohol and sugars.

NOTIFY OUR OFFICE IF

- You or a family member has symptoms of candidal vaginitis.
- Despite treatment, symptoms worsen or persist longer than 1 week.
- Unusual vaginal bleeding or swelling develops.
- After treatment, symptoms recur.

Adapted from Instructions for Patients, Sixth Edition, H. Winter Griffith, M.D., W.B Saunders Company.