

	Vaginitis	Vulvovaginal Candidiasis (Monilial) Vaginitis	Trichomoniasis	Bacterial Vaginosis	Cervicitis Acute Chronic	Vulvitis	Bartholinitis
Definition	Inflammation of the vagina that can result in discharge, itching, and pain. The cause is usually a change in the balance of vaginal bacteria or an infection. Caused by E. Coli, staph	Overgrowth of Candida albicans (fungus) (YEAST INFECTION) -Normal resident of mouth, GI tract, & vagina; small amount Predisposing factors: Pregnancy, corticosteroids, intercourse, poor hygiene, douching, poor nutrition, aging	Parasitic STI: Trichomonas vaginalis -Infection of paraurethral glands (males & females) Sexual transmission, shared bathroom facilities (washcloths, douching equipment)	Caused by too much of certain bacteria in the vagina: Gardnerella vaginalis -Gram negative coccobacillus Transmission: Sexual transmission or normal vaginal inhabitant in certain conditions	Inflammation of cervix = discharge Cervicitis is an irritation or infection of the cervix. It is often caused by any of a number of sexually transmitted infections Normal cervix prevents invasion of bacteria Found in conjunction with vaginitis/Vulvitis (Most common gyn infection)	Inflammation of vulva caused by direct irritation or by extension of irritation from vagina to vulva or from cervicitis	Invasion of Bartholin's glands by: strep, staph, GC, e.coli usually unilateral
Signs & Symptoms	Copious amounts of discharge, malodorous, (yellow) abnormal color discharge Vulva itching and irritation Burning and frequency of urination	Pruritus, thick white (cheese) curd-like discharge, bright red swollen vagina and vulva	Profuse, thin, frothy, green, or gray malodorous (fishy) discharge, pruritus, excoriation of vulva, 'strawberry spots' (hemorrhagic spots on cervix and vaginal walls)	Thin, watery foul-smelling grayish-white discharge - fishy odor, no pruritus or burning, may or may not have other symptoms	Acute: strep, staph, e. coli, GC, chlamydia s/sx- ↑ discharge- yellow, thick, mucopurulent Chronic: inflammation doesn't go away and cervix remains somewhat inflamed s/sx- leukorrhea	pruritus and irritation, enlarged inflamed vulva	erythema around the gland, swelling, edema, pain of labia and introitus (opening); can develop into abscess, pus filled nodule, irritation and pain
Diagnostics	Culture, Inspection	Microscopic exam of discharge or just visualization, if recurrent for client- can self-dx and tx	Microscopic exam-swimmers	Microscopic exam (wet mount)	Pelvic exam, Microscopic exam	Pelvic exam	by examination, cultures to identify cause
Treatment	Sitz bath (abx depending on cause), Analgesics	Treatment (<i>think antifungals *azole</i>) Miconazole/ Monistat, clotrimazole/ Gyne-Lotrimin, F Fluconazole ((Diflucan) po,	Metronidazole/ Flagyl, tinidazole/tindam, clindamycin Treat Partners within 60 days, retest in 3 mo.	Metronidazole (Flagyl) or clindamycin po Lactobacillus acidophilus(eat yogurt)- orally or by diet Treat partner	Acute: tx: identify and treat with abx, tx partner Chronic: tx: cervical cauterly or cryotherapy to destroy abnormal tissue; then abx azithromycin/Zithromax, doxycycline, cipro, ceftriaxone/Rocephin tx partner	Sitz bath	abx, I&D, analgesics, moist heat Cysts tend to recur when opening of the duct re-obstructs removal of gland in older females Broad spectrum abx