

## **VULVOVAGINAL CANDIDIASIS (Vaginal Yeast Infection)**

Vulvovaginal candidiasis is an infection of the vagina caused by a yeast-like fungus (usually *Candida albicans*). It is the second most common cause of vaginitis (inflammation of the vagina). An estimated 75 percent of all women will develop a yeast infection during their lifetime.

### **CAUSES**

The fungus *Candida* lives in small numbers in a healthy vagina, rectum and mouth without causing problems. When the vagina's hormone and pH balance is disturbed, the organisms multiply and cause infections.

### **SYMPTOMS AND SIGNS**

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

### **RISK FACTORS**

- Pregnancy.
- Combined oral contraceptive pills user.
- Diabetes mellitus.
- Frequent or prolonged antibiotic treatment.
- Reduced immunity from drugs or disease.

### **POSSIBLE COMPLICATIONS**

- Without treatment, symptoms may persist and become be very uncomfortable.
- Other infection may co-exist, especially bacterial.
- About 5 percent of women with vulvovaginal candidiasis may develop recurrent vulvovaginal candidiasis (RVVC), which is defined as four or more episodes of vulvovaginal candidiasis in the previous year. Recurrent or persistent infection is usually due to the non-albicans species.

### **INVESTIGATION**

Diagnostic tests may include laboratory studies of vaginal discharge, Pap smear and pelvic examination.

### **DIAGNOSIS**

Diagnosis is often made clinically, from the presenting complaints and the typical appearance of the discharge seen during speculum (internal) examination of the vagina. Smear of the discharge for laboratory identification is sent if the diagnosis is uncertain or if the symptoms persist despite completion of therapy. The identification of the candida is sometimes seen in the Pap smear report.

## **TREATMENT**

- Drug therapy with antifungal drugs, either in vaginal creams or suppositories or in oral form, is usually recommended.
- If vaginal creams or suppositories are prescribed, use a panty liner during the treatment period to avoid the discharge from staining the undergarment.
- It is best not to do self-treatment for the disorder until the specific cause of your vaginal infection is determined. Studies have shown that as many as two-thirds of all non prescription drugs sold to treat vulvovaginal candidiasis were used by women without the disease.
- Do not douche unless prescribed for you.
- For severe infections, repeated dose may be given or the duration of treatment may be longer.
- Recurrent vulvovaginal candidiasis treatment usually involves one to two weeks of intensive anti-fungal medication, followed by up to six months of a lower “maintenance” dose.
- There is no evidence to show that treatment of sexual partner will reduce the recurrence of the infection. Therefore, routine treatment of male partner is not required unless the partner has symptoms attributed to candida infection. It is advisable to avoid sexual intercourse until symptoms cease.

## **PREVENTIVE MEASURES (for those with recurrent infections)**

- Keep the genital area clean. Use plain unscented soap. Do not wash too frequently with soaps.
- Consider other family planning methods if you are on the combined contraceptive pills.
- 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 colored 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, ensure good sugar control.
- Avoid unnecessary use of antibiotics unless prescribed by the doctor.
- Some women find that eating yogurt or a low sugar diet is helpful in preventing or treating yeast infections.

## **Disclaimer**

This is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. It is important for readers to seek proper medical advice when necessary.

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