



830 Oak Street
Brockton, MA 02301
(508) 583-4961
Fax (508) 583-4732
Soheil.Hanjani@Steward.org
www.HanjaniMD.com

VAGINITIS – Bacterial Vaginosis

Cause: Bacterial vaginosis (BV) is caused by an imbalance in the types of normal bacteria that live in the vagina. BV is associated with a near absence of normally dominant hydrogen peroxide-producing lactobacilli bacteria of the vagina. The exact mechanism by which this imbalance occurs is unclear.

BV is sexually associated, but it is not considered a sexually transmitted infection in the traditional sense. This is because treating male partners neither improves results or reduces recurrence.

Potential situations that might increase the risk of BV are:

- New sexual partner, or multiple partners
- Sex without a condom
- Presence of an IUD
- Low Vitamin D levels
- Douching
- Cigarette smoking
- Possibly genital herpes infection
- Oral receptive sex and vaginal digital sex
- Possibly stress

Symptoms. The main symptom is increased discharge with a strong fishy odor. The odor may be stronger during your menstrual period or after sex. The discharge usually is thin and may be white or dark or dull gray, but may have a greenish color. Itching is not common but may be present if there is a lot of discharge.

Tests:

BV is often asymptomatic (no obvious symptoms) and self diagnosis is not useful. Medical vaginal exam can detect the infection (for example checking for the acidity of the vaginal secretions by pelvic exam). Culture tests can also accurately detect BV but the result may take a few days to a week to be completed.

Complications: BV is associated with an increased susceptibility to many sexual infections, including gonorrhea, herpes, trichomoniasis and HIV. It can also raise the risk of other gynecologic complications, including inflammatory changes on pap smears, increased risk of pelvic inflammatory disease (which can cause infertility, pelvic pain, or higher chance of ectopic (tubal) pregnancy). BV also increases risk of bladder infection.

Treatment: Several different antibiotics can be used to treat bacterial vaginosis. They can be taken by mouth or inserted into the vagina as a gel. Sexual partners do not need to be treated.

Common treatments are:

1. Metronidazole (Flagyl) 500mg by mouth twice daily for 7 days
2. Metronidazole gel (Metrogel) 0.75% one applicator (5g) once daily for 5 days
3. Clindamycin (Cleocin) 300mg by mouth twice a day for 7 days
4. Tinidazole (Tindamax) 2g by mouth once a day for 2 days OR 1g by mouth for 5 days

Bacterial vaginosis often recurs, in approximately 30% of patients within 3 months and in more than 50% in 12 months. It may require repeated or prolonged treatment. In some cases, treatment for 3–6 months may be needed.

In addition to the antibiotics above, suppositories compounded for the vagina made of Boric Acid 600mg may need to be used for long term treatment.

Follow up for check up and re-testing is vital.

Probiotics are being investigated for their potential use as a means of balancing the vaginal bacterial population.

Side effects: When metronidazole is taken by mouth, it can cause side effects in some patients. These include nausea, vomiting, and darkening of urine. Do not drink alcohol when taking metronidazole. The combination can cause severe nausea and vomiting.

What you can do:

1. Do not use feminine hygiene sprays or scented, deodorant tampons. You should not try to cover up a bad odor. It could be a sign of infection and you should be seen promptly.
2. Do not douche. It is better to let the vagina cleanse itself.
3. Thoroughly clean diaphragms, cervical caps, and spermicide applicators after each use.
4. Use condoms during sex.
5. Get a check up as soon as you notice symptoms.