Recurrent Bacterial Vaginosis

Bacterial Vaginosis – nothing has changed for 20 years

1. Vaginal microbiome – loss of lactobacilli and dominance of G vaginalis and other anaerobic species

2. Significant adverse affects – pregnancy outcomes, PID, risk of STIs esp HIV

3. Treatment has always been based on metronidazole (oral or topical) and clindamycin (oral or topical)

4. Response to treatment is high 80% and recurrence is the same !

Current Treatment of BV

- Single dose doesn't work v well
- Vaginal is better than oral

- Metronidazole 400mg BD 7 days
- Zidoval Metronidazole 0.75% vaginal gel
  - OD 5 days
  - Not subsidised $40

- Clindamycin oral not commonly used
- Clindamycin Vaginal 2% cream 7 days
  - Dalacin V not available in NZ
  - needs to be compounded from the capsules

New Thoughts

1. Biofilm

2. Sexual transmission

Why am I getting this?

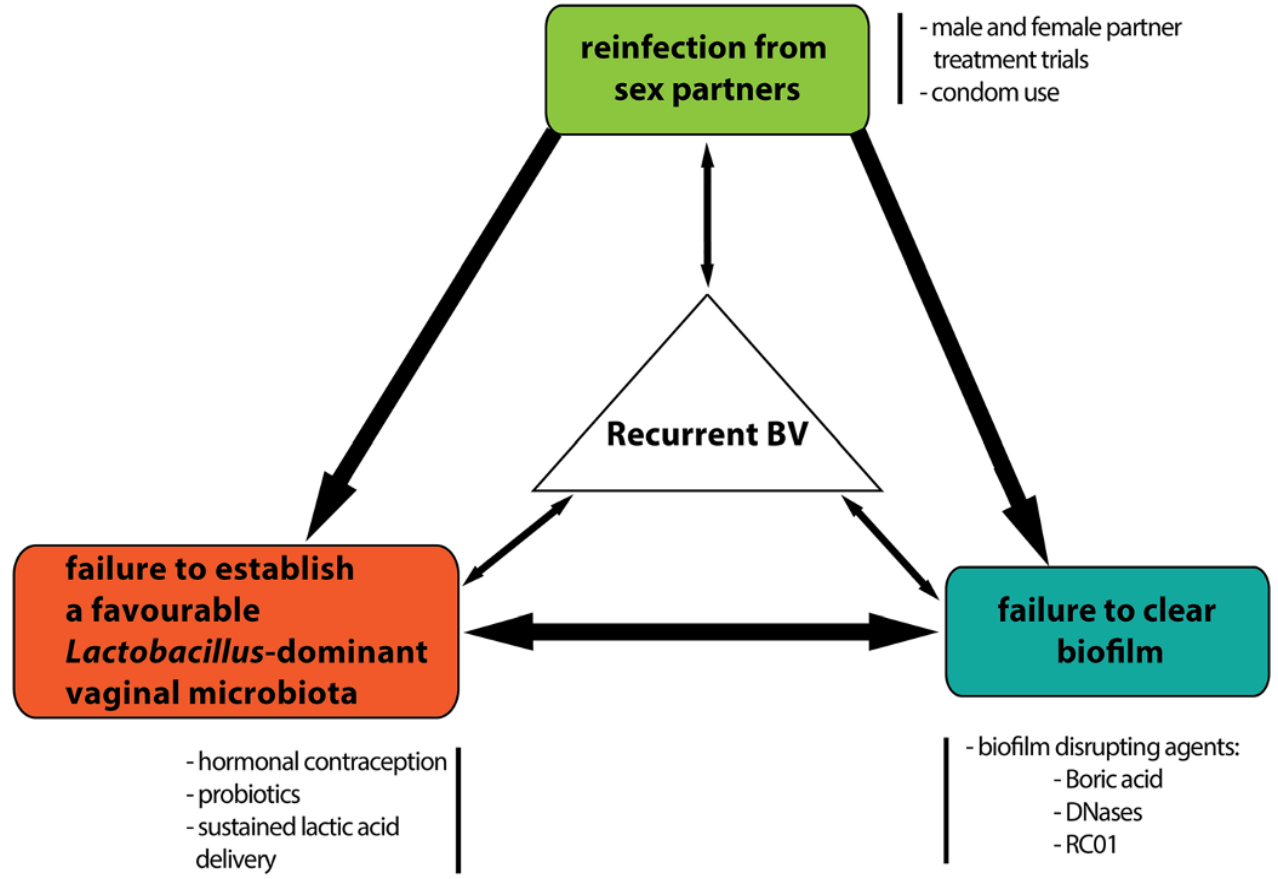


Fig. 1 BV recurrence and potential therapeutic strategies

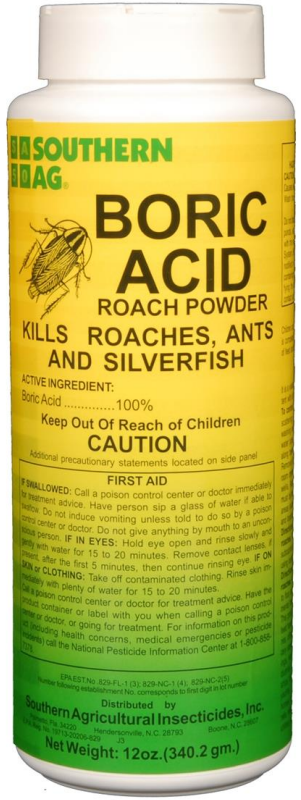
Bradshaw and Brotman *BMC Infectious Diseases* (2015) 15:292

An approach to managing recurrence

1. Disrupt the biofilm
2. Long term maintenance regimen ie Prophylaxis
3. Treat the partner
4. Restore the flora

Boric acid 600mg in Gelatin Capsules

- Insert vaginal BD 14-21 days
- Safe, non toxic
- Easy
- Affordable
- Effective



Maintenance therapy 4-6 months

Metronidazole gel 0.75% twice a week

Metronidazole 400mg BD for 3 days, each month

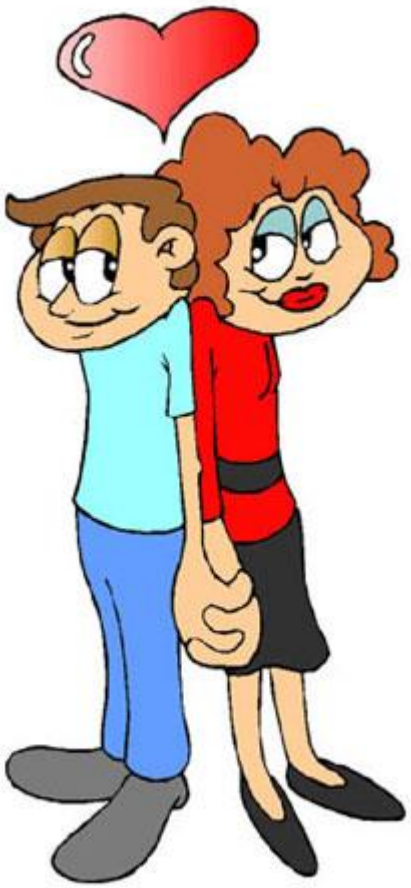
Metronidazole 2g and Fluconazole 150mg once a month

Metronidazole suppositories 500mg ? When

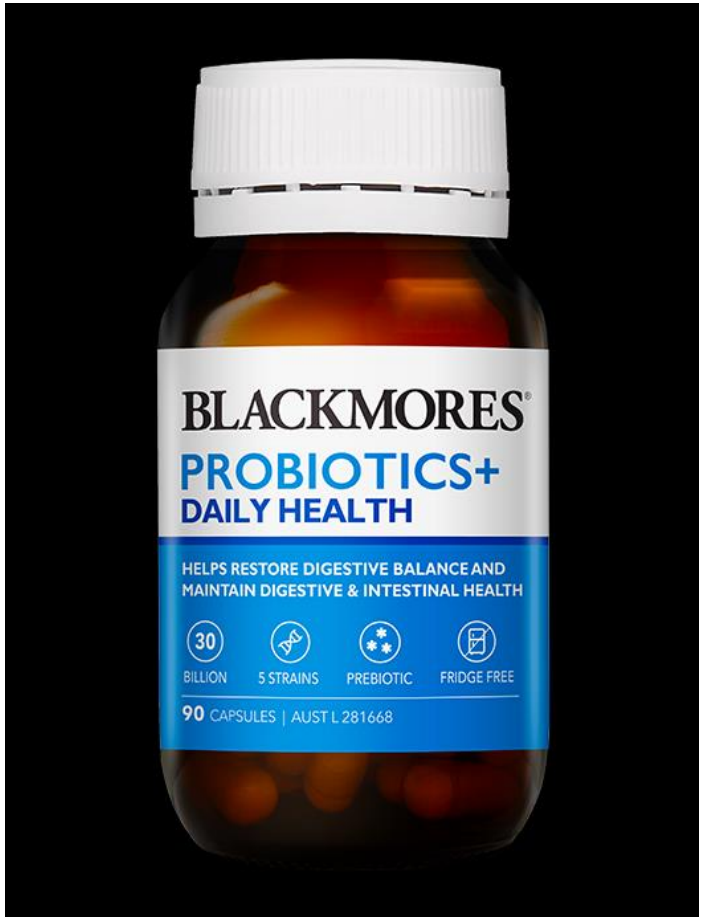
The Partner???

Treat ?
With what ??

Metronidazole 400mg BD 7 days
Topical ?



Still a long way off …….



These do not work

- Acigel and any other acidifying gels
- Probiotics
- Erythromycin, amoxicillin
- Hydrogen peroxide
- Povidone iodine douches

1. 50-75% of BV is asymptomatic and does not require treatment
2. Treatment is indicated for
   - Symptom relief
   - Prevention of postsurgical infection (hysterectomy and TOP)
3. BV is ‘normal’ in post menopausal vaginas

Summary

1. Disrupt the biofilm with Boric acid
   - 600mg in gelatin capsules OD 21 days
2. Eradicate the BV bacteria
   - Metronidazole 400mg BD 14 days
3. Maintenance regimen
   - Metronidazole vaginal gel or suppositories
4. Partner
   - Metronidazole 400mg BD 7 days
   - Boric acid washes
5. Restore flora
   - Sadly doesn’t work

Recurrent Candidiasis

I have examined the patient and thought about other causes

Lichen simplex (dermatitis)

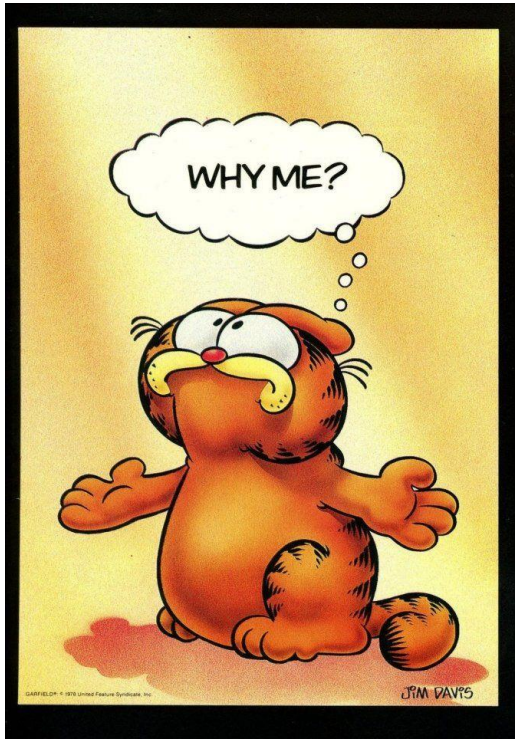
Lichen sclerosus

Candida is estrogen dependent

- Reproductive age group
- Not postmenopausal or prepul

Why am I getting this?

- No reason
- Some women are just more ‘thrushy’
- Risk factors
  - Antibiotics, pregnancy, diabetes, immune- compromised
  - Contraception not proven – COC, IUD



Why are the tests negative?

- Cream/oral will affect culture for <u>4 weeks</u>
- Cannot exclude if culture negative
- Diagnosis is difficult and can take >1 visit
- If possible, get patient to come back

Listen to the history

- History and examination more important than lab results
- ‘what words would you use’
- Record ver batim what the patient says
- Use a diagram
- Giveaways
  - Cyclical
  - General itching and irritation that is not localised
  - OTC helps but it comes back
  - Sex is uncomfortable and causes flareups

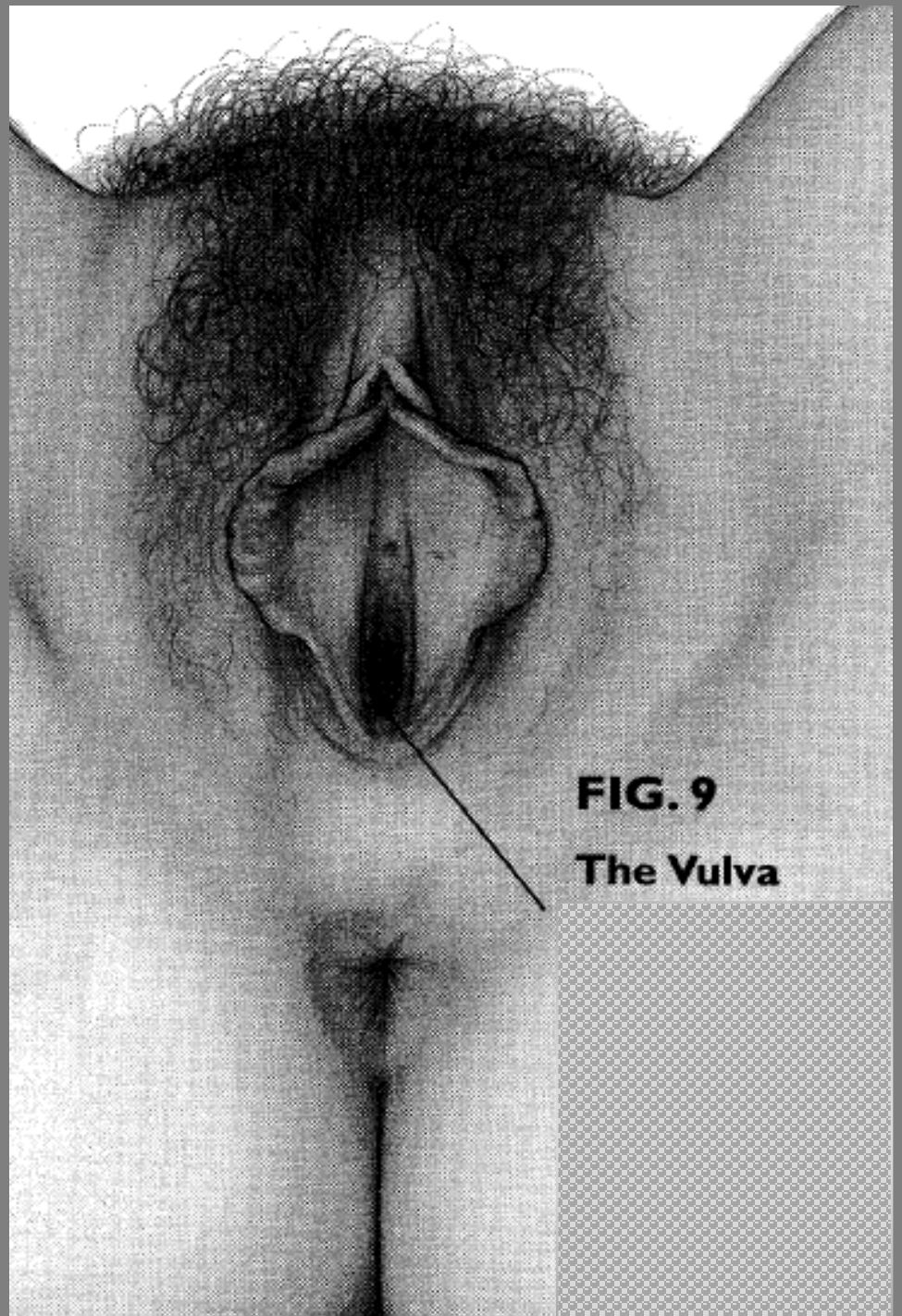


FIG. 9

The Vulva

What am I looking for?

‘unhappy vulvas’

Vulvitis more common than vaginitis

Fissures

20/5/2011 15:59

29/4/2011 11:18

2010/2/23 16:08

What kinds of candida

- C albicans
- C glabrata
- Others

Treatment ?

- Fluconazole 6 months
  - 150mg m/w/f for two weeks, then 150mg once a week
- No need to check LFTs
- Partner does not require treatment
- Betamethasone/clotrimazole prn
- Emollient – emulsifying c
- Lube
- Pregnancy – topical only

When the going gets tougher

Recurrence after treatment

- Repeat the Fluconazole for 12 mths

Non albicans

- Sensitivity testing
- Boric acid 600mg in gelatin capsules
  - OD vaginal for two weeks
- Amphotericin B, Flucytosine, Nystatin

- When microbiological cure seem no longer possible, aim for symptom control and always keep an open mind for alternative diagnoses

I have candida riddled through my body

- Diet
- Probiotics
- Anti Candida laundry wash
- Cotton underwear
- Detox
- Oregano, coconut oil, garlic, grapeseed…

Vulvovaginal candidiasis in older women

Topical estrogens (and HRT) can cause thrush

Please don’t persist with topical estrogen if things are actually getting worse

Usually non-albicans

Usually present only with burning

T

Yes.
That's it.