One of the most common reasons for women to visit our clinic is due to vaginal inflammation. The medical term for this problem is called vaginitis, and it is usually due to an infection of the vulva. A woman may have symptoms such as pain, itching, discharge, or odor, but sometimes the woman may be free of symptoms. In our clinic we are able to test and diagnose most types of vaginitis. In the case of chronic infections, we will be able to determine a further course of action. Either way, it is important to discuss with your doctor if you are experiencing any discomfort.

What is vaginitis and why does it happen?
The vagina is populated with dozens of species of microorganisms, dominant during a woman’s child-bearing years, called Lactobacillus. All vaginal bacteria maintain some kind of balance between them, basically an ecosystem. Besides an abundance of lactobacillus, other substances, such as lactic acid, maintain a proper pH balance within the vagina. When there is a loss of lactobacillus, an overgrowth of other bacteria occur and can lead to imbalance. And since the amount of lactobacillus hormonally controlled, infections can occur if there is weak estrogen support (such as in postmenopausal women and prepubescent girls.) Other factors such as improper hygiene, antibiotic use, sexual intercourse, an allergy, or diabetes can lead to instances of vaginitis as well.

Bacterial Vaginosis
40 - 50% of all vaginal inflammation can be traced to a bacterial infection. Bacterial infections are usually accompanied by a fishy odor, which intensifies after sexual intercourse. It occurs when there is an overgrowth of one of the many bacterias found within the vagina. Incidentally, it occurs in the same ratios for both pregnant and non-pregnant women, and is not a sexually transmitted disease. A routine examination along with testing the vaginal pH levels can give a 90% accurate diagnosis of bacterial vaginosis. This type of vaginosis is usually treated with 2% Dalacin cream (Klonidin DI), and in the case of an accompanying fungal infection, additional treatments are given (McMurro, Poligynax, Batrafen.)

Fungal Infections
The second most common cause for vaginitis is fungal infections, most likely caused by a fungus called Candida albicans. This is exactly the same as a fungal infection and is therefore hard to diagnose. Though it is important to note that 30% of fungal infections occur with a bacterial vaginosis, and can therefore be hard to diagnose. Luckily, our patients have a number of anti-fungal treatments available to them. Treatments such as Biorax Glycine vaginal drops, Gyro-Povarun, Canesten, CandiBond, Clinek trimex, Lomecon, Primator, FUNGICIDIN, etc. offer 90% efficiency in treatment. Chronic fungal infections can be controlled with longer-term therapy, most often using Mycomax.

How do you reduce the risk of infection?
The key is to maintain a normal vaginal ecosystem, including a healthy amount of lactobacillus. Your risk for infection increases with the use of antibiotics, corticosteroids, estrogen at higher doses, you’re sexually active, pregnant, or immune impaired. You can use either vaginal flushing (Tantum Rosa) with lactobacillus vaginal tablets (Femalac) for prevention. Or, in case of risk of cytolytic vaginosis, it is suggested you only use lactobacillus - lactic acid cream (Lactofeel) cream externally. Of course, it is most important to remember each woman is different, and treating each woman as an individual is our goal and primary focus.