The Enigmatic Vaginal Discharge and What to Do

What Constitutes Normal and Abnormal Vaginal Discharge?

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Photo courtesy of Gordan Davis, MD
Vaginal discharge in lactating dairy cattle
in New Zealand

Physiologic Discharge
Physiologic Discharge

- Variety of presenting complaints
- Origin is the normal shedding of vaginal cells, mucus, and bacteria
- Usually no odor, just profuse discharge
- Wet mount completely normal
  - May be a lot of epithelial cells

Enigmatic

- Puzzling
- Perplexing
- Mysterious
Vaginitis: >90% caused by these 3

Vaginitis

• Desquamative inflammatory vaginitis
• Chemical/irritant
• Allergic
• Atrophic vaginitis
• Foreign body/retained tampon
Google Advanced Search
Vaginal Discharge......Must have “Enigmatic”

- Fallopian tube prolapse
- Mucopurulent cervicitis
- Actinomyces
- Clear cell carcinoma (DES)
- Small cell carcinoma of the cervix
- Radiation vaginitis
- Lichen planus
- Mycoplasma/ureaplasma
- Fistula
- Cytolytic vaginosis
- Factitious

...stopped when I got to “poop smells like broccoli”

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## Fallopian Tube Prolapse after Hysterectomy: A Systematic Review

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>n° (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>22 (44)</td>
</tr>
<tr>
<td>Dyspareunia</td>
<td>17 (34)</td>
</tr>
<tr>
<td>Post coital bleeding</td>
<td>12 (24)</td>
</tr>
<tr>
<td>Foul-smelling discharge</td>
<td>17 (34)</td>
</tr>
<tr>
<td>Bloody discharge</td>
<td>17 (34)</td>
</tr>
<tr>
<td>Watery discharge</td>
<td>7 (14)</td>
</tr>
<tr>
<td>Other symptoms**</td>
<td>5 (10)</td>
</tr>
<tr>
<td>Asymptomatic</td>
<td>2 (4)</td>
</tr>
</tbody>
</table>

• Lobna Ouldamer, Agnès Caille, Gilles Body

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Mucopurulent Cervicitis

- Persistent cervical discharge
- Secondary infection
- Endocervical cells with increased mucus production
- Rule out GC/chlamydia, LSIL, HSIL

Mucopurulent Cervicitis

- Once infection ruled out, reassurance and explanation
- If taking estrogen containing OCPs reduce to a 20 mcg pill or stop estrogen entirely and re-assess after 3-6 months
- 2 week course of po antibiotics (levofloxacin? doxycycline?)
- Antihistamine
- Guaifenesin
  Mucinex 600-1200 mg po q12h
- If very prominent ectropion can consider laser therapy/cryotherapy
Group B Streptococcus is a normal inhabitant of the vagina?

1. True
2. False

Group B Streptococcus

Up to 30% of pregnant women are colonized

Well established effects in pregnancy as cause of intra-amniotic infection, endomyometritis and neonatal infections

Data less clear in the GYN population

Sobel, Obstet Gynecol 1994
Leclair, J Lower Gen Dis, 2010; 14 (3): 162
GBS: Does it Cause Vaginitis?

GBS easy organism to culture
Symptoms/signs quite similar to inflammatory vaginitis
  Purulent symptomatic discharge
  Dyspareunia
  Erythematous, ecchymotic introital and vaginal changes
  Elevated pH
  Wet mount: inflammation, parabasal cells, mixed bacterial background
Responsive to antibiotics

GBS: to culture or not. . . to treat or not?

If GBS is identified, should it be treated? Is there any harm in treating?
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Microscopic appearance of sulphur granule -- aggregation of bacteria in the tissue

Reprinted with permission from Dr. Julie Larkin and Medscape
Gram-positive branching filaments of *Actinomyces* species

Reprinted with permission from Dr. Julie Larkin and Medscape

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Do You Have to Treat Actinomyces

ACOG Committee Opinion Number 672

Actinomyces on cytology is an incidental finding
No treatment needed in absence of symptoms
IUD may be left in place
# Actinomyces Treatment in Symptomatic Patient

**Primary**
- Ampicillin or Amoxicillin
- Penicillin G

**Alternative**
- Doxycycline
- Ceftriaxone
- Clindamycin
- Erythromycin

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Clear cell carcinoma of the uterine cervix presented as a submucosal tumor arising in a background of cervical endometriosis

Hashiguchi M; Kai K; Nishiyama S; Nakao Y; Yokoyama M; Aishima S. 
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Rectovaginal Fistula

JOL DeLancey, MD collection
Rectovaginal Fistula

JOL DeLancey, MD collection

Rectovaginal Fistula
Definitive Management of Persistent Vaginal Discharge Caused by Leiomyoma-endometrial Fistulas after Uterine Artery Embolization Pereira N; Fenster T. 

Chronic Vaginal Discharge after Uterine Fibroid Embolization Morris DV; Shekhani H; Peters G. 
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Cytolytic Vaginosis

- Symptoms of yeast – itching
- Cottage-cheese discharge
- Most common cause of vaginitis at Cibley/Cibley vaginitis clinic
Cytolytic Vaginosis
Cibley LJ, Cibley LJ

Diagnostic criteria include
• Vaginal discharge (absence of Trichomonas, Gardnerella, or Candida on wet smear)
• increased number of lactobacilli
• Paucity of white blood cells
• Evidence of cytolysis presence of discharge
• pH between 3.5 and 4.5
• Treatment- sodium bicarbonate douches

Sodium Bicarbonate

Sitz bath: Mix 2-4 tablespoons of baking soda in 2 inches of bath water (any temperature). Sit in the tub twice daily for 15 minutes each time. Take sitz bath 2-3 times in the first week of treatment, then 1-2 times weekly (as needed) to prevent recurrences.

Douche: Mix 1-2 teaspoons of baking soda in 1 pint of warm water. Gently douche 1-2 times weekly as needed.

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Factitious Vulvovaginitis

- Dysphoric
  - Obsessive compulsive disorder
    - Foreign objects in vagina
    - Overuse of topical agents...“addicts”
    - “Pickers”
  - Know what they are doing is wrong, just can’t stop

- Munchausen's
  - Go from doctor to doctor
  - Symptoms are bizarre, out of proportion
  - Think they have (or want to have) a serious medical condition
  - Multiple therapies
An 80 y.o. woman presented 6 months ago with vulvar pruritus and black discoloration on her underwear

- Itch-scratch regimen
- Doing well on triamcinolone acetonide ointment 0.1% (almost 100% improved)
- Biopsy lichen simplex chronicus
What is causing the black discoloration?
Manganese

Occurs naturally as a mineral from sediment and rocks or from mining and industrial waste.

Affects taste of water, and causes dark brown or black stains on plumbing fixtures.
Is There Really Vaginal Discharge?

- If not, how do you convince patient that this is normal discharge?
- What would potentially work to limit what she feels is chronic discharge?

Discharge/Symptoms But No Cause

- Enquire about “personal hygiene rituals”
- Remove irritants
  - Stop tampons, use all cotton menstrual pads, stop all intravaginal products, no soap
- Reassurance “Bother factor”
  - Discharge normal
  - If irritated
    - Antihistamine, hydrocortisone suppositories, low dose tricyclic antidepressant
What To Do?

• Menstrual cups

Summary