NON-SPECIFIC VAGINITIS

A. Diagnosis

This diagnosis is used to describe vaginal discharge which produces both symptoms and signs, which is not attributable to another genital tract infection and which does not meet diagnostic criteria for BV.

Etiologic considerations include:

1. A missed diagnosis of BV, which can sometimes be substantiated by demonstration of clue cells on gram stain of vaginal secretions (if absent by wet prep), or trichomoniasis, which can be substantiated by culture.

2. Atrophic vaginitis is due to thinning of the epithelium in post-menopausal women and is characterized by minimal discharge, reddened vaginal mucosa, and pH of 5-7. The wet prep shows increased PMNs with small, rounded parabasal cells and gram stain loss of lactobacilli and predominant GNR. Treatment consists of vaginal estrogen (1/2 applicator qhs x 1-2 wks).

3. Chronic irritants (from minipads, spermicides, douching preparations, topical antifungal treatments, soaps, perfumes) and contact dermatitis from allergies (such as latex condoms, antifungal treatments). Treatment consists of removal of the offending agent and sitz baths.

These issues are outlined in more detail in Appendix ___ (Review article, Sobel J. NEJM 1997;337:1896).

Evaluation should include:

- **History**, with attention to:
  a) prior episodes of BV or trichomoniasis, partners with urethritis
  b) exposures to potential chemical irritants or allergens

- **Physical Exam**, with attention to:
  a) vulvar erythema, suggesting chemical irritant or contact dermatitis
  b) signs of atrophic vaginitis (thinning of epithelium, reddened vaginal mucosa)

- **Laboratory**

In women with a normal pH (<5.0) additional laboratory testing is not recommended. However, if the pH is increased (≥ 5.0) and a specific diagnosis
is not suggested by history and physical exam the following tests should be performed:

a) vaginal gram stain (to assess clue cells for BV; PMNs, parabasal cells, altered flora suggesting atrophic vaginitis)
b) vaginal swab culture for trichomoniasis

B. Treatment

Non-specific treatment (e.g., AVC cream; empiric antibiotics) is not recommended; treatment should be directed to a specific diagnosis as above. If atrophic vaginitis is suspected, the case should be reviewed with the attending physician for prescribing of estrogen.

C. Follow-up

Persistent or recurrent symptoms should be carefully re-evaluated by microscopy and culture to rule out treatable infection (including trichomoniasis and BV). Symptomatic individuals with no identifiable diagnosis should be referred to their PMD.

D. Management of contacts

Routine STD examination may identify a disorder contributing to the patient’s symptoms of vaginitis, but is not mandatory; treatment is not indicated.