

VULVOVAGINITIS CANDIDIASIS

(Vaginal Yeast Infection)



BASIC INFORMATION

DESCRIPTION

Vulvovaginal candidiasis is an infection of the vagina caused by a yeast-like fungus (usually *Candida albicans*). It is the second most common cause of vaginitis (inflammation of the vagina) in the U.S. An estimated 75 percent of all women will develop a yeast infection during their lifetime.

FREQUENT SIGNS AND SYMPTOMS

Severity of the following symptoms varies among women and from time to time in the same woman.

- White, “curdy” vaginal discharge, (resembles lumps of cottage cheese). The odor may be unpleasant, but not foul.
- Swollen, red, tender, itching vaginal lips (labia) and surrounding skin.
- Burning on urination.
- Change in vaginal color from pale pink to red.
- Pain during sexual intercourse (dyspareunia).
- Males with genital candidiasis may experience an itchy rash on the penis.

CAUSES

The fungus *Candida* lives in small numbers in a healthy vagina, rectum and mouth. When the vagina’s hormone and pH balance is disturbed, the organisms multiply and cause infections. Rarely, *Candida* may be passed from person to person, such as through sexual intercourse.

RISK INCREASES WITH

- Pregnancy.
- Diabetes mellitus.
- Antibiotic treatment.
- Immunosuppression from drugs or disease.

PREVENTIVE MEASURES

- Keep the genital area clean. Use plain unscented soap.
- Take showers rather than tub baths.
- Wear cotton underpants or pantyhose with a cotton crotch.
- Don’t sit around in wet clothing, especially a wet bathing suit.
- Avoid douches, vaginal deodorants, bubble baths and colored or perfumed toilet paper.
- Limit your intake of sweets and alcohol.
- After urination or bowel movements, cleanse by wiping or washing from front to back (vagina to anus).
- Lose weight if you are obese.
- If you have diabetes, adhere strictly to your treatment program.
- Avoid use of antibiotics unless prescribed by the doctor.

EXPECTED OUTCOME

Medications used in treatment generally provide some relief from symptoms in fewer than three days, and should clear up the infection in seven days or less.

POSSIBLE COMPLICATIONS

- Without treatment, symptoms, which may be very uncomfortable, may persist.
- About 5 percent of women with vulvovaginal candidiasis may develop recurrent vulvovaginal candidiasis (RVVC), which is defined as four or more episodes of vulvovaginal candidiasis in the previous year.



TREATMENT

GENERAL MEASURES

- Diagnostic tests may include laboratory studies of vaginal discharge, Pap smear and pelvic examination.
- Drug therapy is usually recommended.
- It is best not to do self-treatment for the disorder until the specific cause of your vaginal infection is determined. Studies have shown that as many as two-thirds of all non-prescription drugs sold to treat vulvovaginal candidiasis were used by women without the disease.
- Don’t douche unless prescribed for you.
- If urinating causes burning, urinate through a tubular device, such as a toilet-paper roll or plastic cup with the bottom cut out or pour a cup of warm water over the genital area while you urinate.
- For more information, check the library or the internet.

MEDICATION

- Antifungal drugs, either in vaginal creams or suppositories or in oral form, may be recommended. Some nonprescription examples are miconazole nitrate (Monistat-7) and clotrimazole (Gyne-Lotrimin, Mycelex-7, and FemCare). Follow the instructions on the individual product. If you have tried one of these medicines and it has not worked for you, your doctor may prescribe a medicine available only by prescription.
- Recurrent vulvovaginal candidiasis treatment usually involves two weeks of intensive antifungal medication, followed by up to six months of a lower “maintenance” dose.

ACTIVITY

Delay sexual relations until symptoms cease.

DIET

Some women find that eating yogurt or a low sugar diet is helpful in preventing or treating yeast infections.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of vulvovaginal candidiasis.
- Despite treatment, symptoms worsen or persist longer than 1 week.
- After treatment, symptoms recur.