
TRICHOMONAS VAGINALIS (ext)

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Trichomoniasis is acquired sexually. Classic symptoms in women are an irritating, malodorous, frothy, yellow-green vaginal discharge. It can cause cervical inflammation (“strawberry cervix”). It is an uncommon cause of urethritis in men. Infection can be asymptomatic.

DIAGNOSIS

1. Wet preparation of vaginal secretions.
2. Vaginal culture for trichomonads (difficult to access)
3. PCR (send sample to Molecular Laboratory at Royal Women’s Hospital)

MANAGEMENT

Systemic therapy is superior to topical, as trichomonads often infect the urethra and periurethral glands and Bartholin’s glands.

Alcohol should be avoided when taking nitroimidazole antibiotics and for 24 hours after completing metronidazole therapy, and 72 hours for tinidazole.

First line treatment:

- Metronidazole 2g stat with food.
- Tinidazole 2g stat with food.

These give cure rates of 95% or more with concomitant partner treatment.

For persistence following stat treatment:

- Exclude non-compliance.
- Ensure concomitant partner treatment.
- Metronidazole 400mg bd for 7 days OR

- Metronidazole or tinidazole 2g daily for 5 days
- If trichomonas persists despite the above measures please discuss the case with a sexual health physician as metronidazole resistance may be a possibility.

Trichomoniasis in pregnancy

Trichomoniasis has been associated with adverse pregnancy outcomes, particularly premature rupture of membranes, preterm birth and low birthweight.

- If symptomatic, manage as for nonpregnant women. Metronidazole (category B) can be used in all trimesters. Clotrimazole 1% vaginal cream may relieve symptoms, but has a low cure rate when used alone.

- If asymptomatic, consult with senior sexual health physician. Some trials suggest the possibility of increased prematurity or low birthweight after metronidazole therapy, however, limitations of the studies prevent definitive conclusions regarding risks of treatment.

Trichomoniasis in HIV infected women

There is evidence that a seven day course of twice daily metronidazole, 400mg, is superior to single dose therapy in HIV infected women, with lower rates of treatment failure.

CONTACTS

All sexual contacts should be treated.

REVIEW

Test of cure is not necessary if symptoms resolve with treatment.

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