

# Trichomonas vaginalis treatment guidelines

Also known as Trich

Trichomonas in women can cause a frothy, yellow-green vaginal discharge, but is often asymptomatic. Trichomonas is an uncommon cause of symptomatic urethritis in men.

## Causes

Trichomonas, also known as trichomoniasis, is caused by a protozoan parasite *Trichomonas vaginalis*.

Trichomonas is not common among people in Australian cities but is more common in many countries and in remote Aboriginal and Torres Strait Islander communities.

Trichomonas should be considered in women who present with vaginal discharge and men who present with urethritis, particularly if they have had sex in higher risk areas.

## Clinical presentation

Trichomonas in women may be asymptomatic or present as a frothy, yellow-green vaginal discharge with vulvar itch and or dysuria. Trichomonas can cause cervical inflammation, where the cervix has a spotted strawberry like appearance, -so called "strawberry cervix". Men are usually asymptomatic but may present with dysuria. In women infection typically involves multiple sites: most vaginal infections also involve the urethra, Skene's and Bartholin's glands, and endocervix. Intravaginal treatments alone are not recommended.-

## Diagnosis

Test	Site/ specimen	Comments
Wet preparation-	Vaginal or urethral swab	Only 60-70% sensitive from vaginal swab in women or urethral swab in men.
PCR	Vaginal swab or First void urine (men or women)	Culture is only available in a few specialised labs.

## Management

The 5-nitroimidazoles, which include metronidazole (MTZ) and tinidazole (TDZ), are the only class of drug known to be effective against *Trichomonas vaginalis*.

## Index patient

Condition	Recommended	Comments
<p>Trichomonas in women</p> <p>First line treatment;</p> <p>-</p> <p>Second line treatment:</p> <p>-</p>	<p>-</p> <p><b>Metronidazole 400 mg PO, twice daily for 7days</b></p> <p>-</p> <p><b>Exclude reinfection / non-compliance.</b></p> <p><b>Repeat Metronidazole 400 mg BD one week.</b></p>	<p>-</p> <p>Recent studies have shown multi-dose metronidazole to be significantly more effective than single dose metronidazole in women, with a cure rate of approximately 95%.</p> <p>Concurrent partner/s treatment</p> <p>-</p> <p>Alcohol should be avoided when taking metronidazole.</p>
Trichomonas in men	<b>Metronidazole 2 g PO, stat</b>	There are no studies comparing single dose metronidazole to multi-dose metronidazole in men.
Trichomonas in pregnancy	If symptomatic, manage as for nonpregnant women. Metronidazole (category B) can be used in all trimesters.	<p>Trichomonas has been associated with adverse pregnancy outcomes, particularly premature rupture of membranes, preterm birth and low birthweight.</p> <p>If asymptomatic, consult with a sexual health physician. Some studies suggest the possibility of increased prematurity or low birthweight after metronidazole therapy. However, limitations of the studies prevent definitive conclusions regarding risks of treatment.</p>
<p>Complicated cases:</p> <ul style="list-style-type: none"> <li>• cases failing second-line treatment</li> <li>• when oral metronidazole is not tolerated</li> <li>• allergy to metronidazole is known or suspected</li> </ul>	<p>-</p> <p>High dose metronidazole: 2 g orally daily for 7 days</p>	<p>-</p> <p>-</p> <p>Treatment should be discussed with a sexual health physician. Alternatives to consider include:</p> <ul style="list-style-type: none"> <li>• Metronidazole desensitisation in hospital - requires day admission for increasing doses.</li> </ul>

Patients should be advised to abstain from intercourse until they and their sexual partners have been adequately treated and any symptoms have resolved.

## Contact tracing & partner management

Sexual partners should be notified, tested and treated for trichomonas.

Partner notification should be discussed with patients. Sex with untreated, infected partners can result in reinfection. Consider referring patients to [Let Them Know](#) where patients can SMS and email partners about their diagnosis.

### **Test of Cure**

This is only recommended if symptoms remain, and should be performed three weeks after completing antibiotics

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### **Disclaimer**

We recognise that gender identity is fluid. In our treatment guidelines, the words and language we use to describe genitals and gender are based on the sex assigned at birth.

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