MSHC
MELBOURNE SEXUAL HEALTH CENTRE

Vaginal discharge treatment guidelines

Vaginal discharge is a common concern. Vaginal discharge can be due to a variety of reasons and may be physiological. A degree of vaginal discharge that changes with the menstrual cycle can be normal, but a change in the nature or volume of the discharge and other symptoms may be indicative of a pathological cause.-

Causes

Vaginal discharge is a subjective complaint and cannot be accurately quantified.

If vaginal discharge has changed in quantity or nature then it may need investigating. -Patients experiencing this common complaint may feel distressed.

Though vaginal discharge is often non-STI related, consider additional STI risk.

Non-pathological discharge may be physiological or iatrogenic (such as hormonal contraception related).

A degree of vaginal discharge that changes with the menstrual cycle can be normal, but a change in the nature or volume of the discharge or other genital or pelvic symptoms suggests a pathological cause. Genital or pelvic symptoms could include:

- dyspareunia
- pelvic pain
- itch
- irregular bleeding
- vaginal malodour

Common causes of vaginal discharge

Infective

- Bacterial vaginosis
- Candidal vulvovaginal infection
- Streptococcal or haemophilus bacterial infections – especially premenarchal and postmenopausal, or if late pregnancy

Infective and sexually transmitted

- *Chlamydia trachomatis*
- *Neisseria gonorrhoeae;*
- *Mycoplasma genitalium*
- *Trichomonas vaginalis*

Non-infective

- Retained foreign body in the vagina, for example - a tampon. Discharge is often malodorous.
- Cervical polyps or ectropion
- Atrophic vaginitis

- Inflammatory skin conditions affecting the vaginal mucosa, for example desquamative inflammatory vaginitis
- Malignancy of the genital tract
- Vaginal fistulae

Clinical presentation

Diagnosis	Inspection of vulva	Inspection of vagina and cervix
Bacterial vaginosis	Minimal inflammatory changes in vagina and vulva, excessive discharge may be seen on inspection	White homogenous vaginal discharge, raised vaginal pH > 4.5, fishy smell from vagina, no inflammatory changes, but occasionally coexists with symptomatic candida
Candidal vulvovaginitis	Inflammatory vulvovaginitis, thick curd like discharge sometimes visible externally	Thick white discharge, vulval and vaginal inflammation, fissuring of vulval skin, pH < 4.5 Discharge not always typical
Trichomonas vaginalis	Vulval contact irritation if excessive Yellowish bubbly discharge	Vaginitis and sometimes ecto-cervicitis (strawberry cervix), pH > 4.5
Atrophic vaginitis (post-menopausal)	Atrophic vulvovaginal changes such as pallor, patchy redness, hypo-oestrogenisation	Vaginitis, superficial dyspareunia, contact vaginal wall bleeding, loss of vaginal rugae, occasionally a mustard coloured discharge pH >4.5
Retained tampon or other material	Retained product in vagina, normal vulva	Offensive discharge, product seen and felt in vagina
Herpes Simplex Virus (HSV)	Vulval /perianal ulcers or fissures	Cervicitis or cervical ulcers with blood stained or purulent discharge possible vaginal ulcers
Chlamydia, gonorrhoea, *Mycoplasma genitalium*	Vulva is normal but may have visible discharge	Possible muco-purulent cervicitis, may be normal, may have PID on exam. That is, pelvic tenderness, discharge may be seen coming from cervix, cervix may bleed with cotton tip touch.

Diagnosis

History

Take a thorough history from your patient. Establish in what way the discharge is different to normal. For example, is the discharge:

- odorous
- cyclical
- blood stained
- coloured

Establish what other symptoms are present. For example:

- lower abdominal pain

- dyspareunia: superficial or deep
- irregular vaginal bleeding: intermenstrual or post-coital bleeding (PCB)
- itching around the genital area
- urinary symptoms: frequency, pain

Take a menstrual history:

- last menstrual period and cycle regularity
- contraception and whether its hormonal or not
- pregnancies and whether currently pregnant
- vaginal hygiene practices
- past history of BV or other vaginal infections and recurrence pattern

Assess for risk of STIs

- current and recent sexual partners
- sex with or without condoms

Clinical hints

- Blood-stained discharge may indicate cervicitis: chlamydia, gonorrhoea, *Mycoplasma genitalium* or herpes
- Vulval symptoms such as superficial dyspareunia, vulval itch, pain or irritation suggest vulvovaginitis (candida)
- No associated symptoms and the only complaint being excessive discharge with malodour suggests BV
- The presence of BV may increase the likelihood of STI/PID so this needs to be considered if the history is suggestive

Examination

1. Palpate the abdomen and inguinal lymph nodes
2. Examine the vulva for dermatitis, fissures, ulcers or erosions
3. Speculum examination (if not in pain) for visualisation of the cervix and vagina and excluding a foreign body, pH testing
4. Pelvic examination unless no risk of clinical PID or pregnancy

Investigations

Test	Site/ specimen	Comments
Gram stain and culture	Vulval swab	If there are signs of vulvitis, looking for candida and possibly HSV
Gram stain without wet prep	Vaginal swab	If pH< 4.5 Detects candida and BV
Gram stain plus wet prep	Vaginal swab	If pH> 4.5 Detects BV and trichomonas
PCR	Vaginal swab First void urine	Trichomonas

Test	Site/ specimen	Comments
NAAT	First void urine High vaginal swab	Detects chlamydia and gonorrhoea *Mycoplasma genitalium*: include MG testing if cervicitis or PID
NAAT	Endocervical swab	Gonorrhoea MG
PCR	Swab of lesion	Herpes or syphilis if fissures or ulcers found
CST	Cervical sample	If indicated

Streptococcal infection can very occasionally cause vaginal discharge and should be considered

Management

For detailed treatments of individual conditions refer to specific treatment guidelines:

- Bacterial vaginosis treatment guidelines
- Candidiasis (vulvovaginal) treatment guidelines
- Chlamydia-treatment guidelines
- Gonorrhoea-treatment guidelines
- Mycoplasma genitalium treatment guidelines
- Pelvic inflammatory disease (PID)treatment guidelines
- Trichomonas-treatment guidelines