



“Abnormal Vaginal Discharge- A Clinical & Microbiological Study in Teaching Hospital”

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Abstract:

Objective: Vaginal discharge is one of the main complaints in reproductive women in gynaecology OPD. An increase in the normal vaginal secretions develops physiologically at puberty, during pregnancy and at ovulation. An abnormal vaginal discharge causes much more morbidity in the form of physical discomfort and psychological distress, so it is necessary to diagnose & treat it.

Method: Women attending gynaecology OPD of Dr B R Ambedkar Medical College & Hospital, with complaint of abnormal vaginal discharge were enrolled in to the study.

Result: 50 women were enrolled into the study, 35(70%) women were of age b/w20-29, parity wise 21 women were of para1-2, 21(42%) women who never used any contraceptive method, 15(83.3%) of women had bacterial vaginosis in age gp b/w 20-29, 30(60%) women had vaginal discharge.

Conclusion: RTIs are largely ignored because women themselves are reluctant to discuss about their problems.

Keywords: Vaginal discharge, bacterial Vaginosis, backache, itching.

I. INTRODUCTION

The normal vaginal flora is mostly aerobic but also contains anerobic bacteria. Some factors influence the vaginal flora like Age, PH, Sexual activity, Phase of Menstrual cycle, use of antibiotics[1] The most frequent aerobic bacteria are Lactobacillus, Gardnerella vaginalis, Staphylococcus, E.Coli and anerobic like peptococci, Streptococci etc.,[2]. The normal vaginal secretions are composed of vulvular secretions from sebaceous glands, sweat glands, Bartholin's glands, Skene's glands[3].

Any vaginal discharge which is pureulent and contains pus cells should be considered due to specific vaginal infection. Commonly the pathological causes of an abnormal vaginal discharge are Bacterial vaginosis, Trichomonas vaginalis and Candidiasis etc, and these discharge it may be reproductive tract or sexually transmitted infection[4].

II. METHODS AND MATERIAL

It is an prospective study done in gynaecology clinic in Dr. B R Ambedkar Medical College & Hospital, Bangalore, 50 women were enrolled into the study after taking the consent.

III. RESULTS

Out of 50 women, 39(78%) were symptomatic cases in this study. Out of that age wise distribution, 35(70%) were b/w 20-29 yrs and 30(85.7%) were symptomatic as shown in table 1. Among the symptomatic cases the parity ranged from 1-4 and 21(53.84%) women were maximum who belongs to parity1-2 as shown in table 2. Out of 50 cases, 34(68%) women were housewives, out of which 25(73.52%) symptomatic as shown in table 3. In table 4, out of 50 cases, 21(42%) women not used any contraception and 13(26%) women underwent tubectomy. In table 5, 39(78%) were symptomatic cases of which 15(83.3%) had bacterial vaginosis and these women belong to age wise 20-29yrs in this study. Out of 50 cases 30(60%) women had vaginal discharge as shown in table 6 and about 18 women had vaginal discharge under bacterial vaginosis and 15 women had pain abdomen as shown in table 7.

IV. DISCUSSION

In our study age wise 35(70%) women were from 20-29 yrs and other study like 77(51.52%) [5], 110(52.43%)[6], and 276(46%) [7] In another study which shows that younger age infection are more common[8]. In our study parity wise 21(53.84%) were parity from 1-2, but other study shows about 244(42%) [9] and 265(44.16%)[10]. However in overall the parity group 1-2 was higher in our study and as other studies. In our study, 34(68%) were housewives as compared to other study which showed 143(66%) as housewives as occupation[11] In our study cases having multiple symptoms of which vaginal discharge was the most common complaint and while itching was the most common complaint in cases of Trichomoniasis and frequency of micturation more in candidiasis. The bacteriology of bacterial vaginosis is complex, which is seen from the various micro organisms isolated in our study. The difference in type and rate of isolation of bacteria reflects difference in population under the study and different methods of investigations.

V. CONCLUSION

Inability to diagnosis vulvo vaginal infections correctly is a growing concern. Many of these infections are asymptomatic and unnoticed. Symptoms alone should not be used for direct treatment but instances in which resources permit more complete evaluation with microbiology, so as to determine the causative agents of vaginal infections.

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Table1:DISTRIBUTION OF AGE

Sl No	Age group	Total Number of cases	Number of Symptomatic cases
1	□ 19	5(10)	2(40)
2	20 - 29	35(70)	30(85.7)
3	□ 30	10(20)	7(70)
Total		50	39

Table 2: DISTRIBUTION OF PARITY

SI No	Parity	Total Number of cases	%
1	1 - 2	21	53.84
2	3 - 4	11	28.20
3	> 4	7	17.90
Total		39	99.94

Table 3: DISTRIBUTION OF CASES ACCORDING TO OCCUPATION

SI No	Occupation	Total Number of cases	Number of Patients	
			Symptomatic	Asymptomatic
1	Housewives	34(68)	25(73.52)	6(17.64)
2	Working women	16(32)	14(87.5)	5(31.25)
Total		50	39(78)	11(22)

Table 4: DISTRIBUTION OF CASES ACCORDING TO CONTRACEPTIVE USED

SI No	Contraception	Total Number of cases	Number of Patients	
			Symptomatic	Asymptomatic
1	IUD	4(8)	3(75)	1(25)
2	Hormonal	12(24)	9(75)	3(25)
3	Tubectomy	13(26)	9(7.6)	4(30.76)
4	Non Users	21(42)	18(85.71)	3(14.28)
	Total	50	39(78)	11(22)

Table 5: DISTRIBUTION OF CASES AGEWISE

Sl No	Age group	Bacterial Vaginosis	Trichomonas Vaginalis	Candidiasis
1	□ 19	1(5.5)	Nil	1
2	20-29	15(83.3)	8	7
3	≥30	2(11.11)	3	4

Table 6: SYMPTOM WISE NUMBER OF CASES

Sl No	Symptom	Number of cases	%
1	Vaginal discharge	30	60
2	Pain abdomen	25	50
3	Backache	15	30
4	Dyspareunia/Itching	25	50
5	Increased frequency of micturation	18	36

Table 7: SYMPTOM WISE DISTRIBUTION OF CASES WITH DIAGNOSIS

Sl No	Symptom	Bacterial Vaginosis	Trichomonas Vaginalis	Candidiasis
1	Vaginal discharge	18	3	9
2	Pain abdomen	15	2	8
3	Backache	9	1	5
4	Dyspareunia/Itching	13	4	8
5	Increased frequency of micturation	5	3	10