

VAGINITIS, MONILIAL

(Vaginal Yeast Infection)

BASIC INFORMATION

DESCRIPTION

Infection or inflammation of the vagina caused by a yeast-like fungus (Monilia or *Candida albicans*). Monilial vaginitis causes at least 50% of infections in the vagina.

FREQUENT SIGNS AND SYMPTOMS

Severity of the following symptoms varies between 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.

CAUSES

Monilia (or *Candida*) live 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. Monilial vaginitis tends to appear before menstrual periods and subsides as soon as the period begins. Factors that may disturb the vagina's balance include:

- Pregnancy.
- Diabetes mellitus.
- Antibiotic treatment.
- Oral contraceptives.
- High carbohydrate intake, especially sugars and alcohol.
- Hot weather and/or non-ventilating clothing, which increase moisture, warmth and darkness, fostering fungal growth.
- Immunosuppression from drugs or disease.

RISK INCREASES WITH

Factors listed under Causes.

PREVENTIVE MEASURES

- Keep 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.
- Avoid douches, vaginal deodorants and bubble baths.
- 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 to your treatment program.

- Avoid broad-spectrum antibiotics unless absolutely necessary.

EXPECTED OUTCOMES

Usually curable with 2 weeks of treatment. Recurrence is common.

POSSIBLE COMPLICATIONS

Secondary bacterial infections of the vagina and other pelvic organs.

TREATMENT

GENERAL MEASURES

- Diagnostic tests may include laboratory studies of vaginal discharge, Pap smear and pelvic examination.
- Drug therapy will be directed to the specific organism. Your sexual partner may need treatment also. It is best not to do self-treatment for the disorder until the specific cause is determined.
- 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 end cut out or pour a cup of warm water over the genital area while you urinate.

MEDICATIONS

Your physician may recommend non-prescription anti-fungal vaginal creams or suppositories. Keep creams or suppositories in the refrigerator. After treatment, you may keep a refill of the medication so you can begin treatment quickly if the infection recurs. Follow the directions carefully. Rarely, prescription medications may be necessary.

ACTIVITY

Avoid overexertion, heat and excessive sweating. Delay sexual relations until symptoms cease.

DIET

Increase consumption of yogurt, buttermilk or sour cream. Reduce alcohol and sugars.

NOTIFY OUR OFFICE IF

- You or a family member has symptoms of monilial vaginitis.
- Despite treatment, symptoms worsen or persist longer than 1 week.
- Unusual vaginal bleeding or swelling develops.
- After treatment, symptoms recur.

Adapted from Instructions for Patients, Sixth Edition, H. Winter Griffith, M.D., W.B Saunders Company.