



A STUDY ON ASYMPTOMATIC VAGINITIS IN HIV INFECTION

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ABSTRACT

Background: Vaginal discharge syndrome is common in women attending STI clinic. This may be vaginal/cervical and the presence of inflammation at these sites increase the risk of transmission and acquisition of HIV infection.

Aim: To study the asymptomatic vaginitis in PLHAs.

Materials & methods: An observational and prospective study for one year (year 2017) done in a tertiary care centre. A total of 152 women PLHAs participated and the diagnosis was made by correlation of clinical findings and microscopy.

Results: The prevalence of asymptomatic vaginitis in PLHA was 79% (50/63 cases) which was considerably high when compared to STI clinic attendees. Vulvovaginal candidiasis was the commonest noted asymptomatic vaginitis followed by bacterial vaginosis. This states, it is the altered vaginal flora that causes asymptomatic vaginitis in PLHAs in common than the infections.

Conclusion: This study stress the need for complete gynaecological evaluation and follow up in PLHAs.

KEYWORDS : Vaginitis, PLHA, candidiasis

Introduction:

Vaginal discharge syndrome is the commonest sexually transmitted infection (STI) syndrome among women attending STD clinics. The abnormal vaginal discharge is vaginal or cervical by site of involvement and it may be infective or non-infective by etiology^{1,2}. The presence of vaginitis or cervicitis increases the risk of transmission and acquisition of HIV infection in women³. The asymptomatic vaginitis or cervicitis prevent them from getting medical care.

Aim:

To study the asymptomatic vaginitis in PLHA(Patient Living with HIV and AIDS) women.

Materials & methods:

This is an observational and prospective study for one year duration (January 2017 to December 2017) done in a tertiary care centre. A total of 152 consecutive PLHAs attended female STD OPD were included in this study. Detailed history was taken and thorough examination was done in all women under universal barrier precautions. Wet mount, KOH examination and smear for Grams staining were done from the vaginal discharge. The diagnosis was made by clinical findings and demonstration of the etiological agents by microscopy (mycelial form of yeast for candidiasis, Trichomonas vaginalis for trichomoniasis and clue cells for bacterial vaginosis).^{4,5,6} Other side laboratory investigations done were cervical smear, Rapid plasma reagin(RPR) test and other tests as per clinical findings.

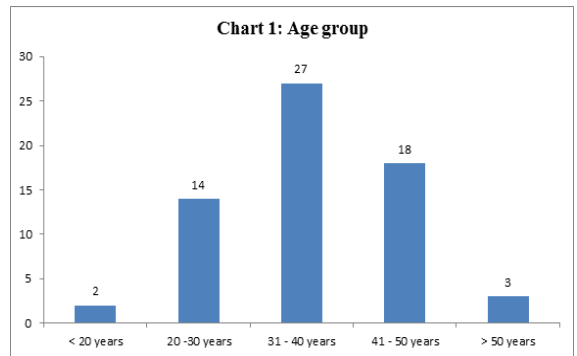
Observation and Results:

Prevalence:

A total of 63 PLHAs had vaginitis out of 152 studied. The prevalence vaginitis in PLHA in this study was 41.45%. Among these 63 cases, 50 were asymptomatic and newly diagnosed to have vaginitis by screening in our female STD OPD. This asymptomatic vaginitis constitutes about 79.37% (50/63 cases) of vaginitis in PLHAs.

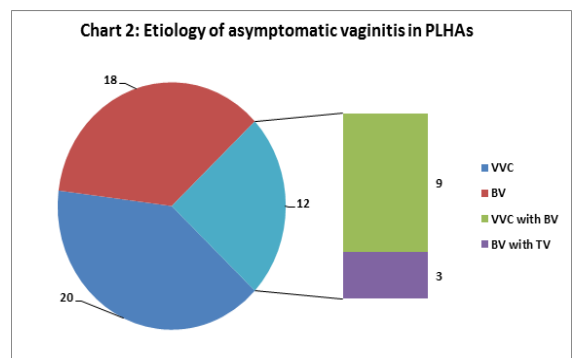
Age Group:

The age of patients varies from 19 to 65 years and vaginitis was commonly noted in 31 – 40 years in this study (Chart 1).



Etiology:

Vulvovaginal candidiasis(VVC) was the commonest asymptomatic vaginitis noted in this study. This constitutes about 40% of asymptomatic vaginitis in PLHAs. VVC was followed by bacterial vaginosis(BV) and mixed infections constituting 36% and 24% of cases. Among those cases having mixed infection, 18% had VVC with BV and 6% had BV with trichomoniasis(TV) as shown in Chart 2.



Other STIs:

In addition to vaginitis in PLHA, other STIs diagnosed in them were mucopurulent cervicitis, genital herpes, molluscum contagiosum, pelvic inflammatory disease, genital wart and latent syphilis as in table 1. The 38 patients having mucopurulent cervicitis were also asymptomatic and were detected by screening.

Table 1: STIs in PLHA women other than vaginitis

| S. No. | STI | No. of cases (n = 152) | Percentage |
|--------|-----------------------------|------------------------|------------|
| 1 | Mucopurulent cervicitis | 38 | 25% |
| 2 | Genital herpes | 7 | 4.6% |
| 3 | Molluscum contagiosum | 2 | 1.3% |
| 4 | Pelvic inflammatory disease | 1 | 0.7% |
| 5 | Genital wart | 1 | 0.7% |
| 6 | Latent syphilis | 1 | 0.7% |

Management:

All cases were appropriately treated. Partner screening was done in all cases and screened partners are on follow up.

Discussion:

The prevalence of asymptomatic vaginitis in PLHA in this study is 79%. A study by rajalakshmi et al., states that asymptomatic vaginitis in STI clinic attendees as a whole varies from 30% to 48% as per the cause⁷. But asymptomatic vaginitis in PLHA is high in our study when compared to STI clinic attendees. In addition 25% of PLHAs had mucopurulent cervicitis which is also asymptomatic. Hence this asymptomatic inflammatory diseases of lower genital tract in females could have been the factor for acquisition of HIV infection in them. The cause of asymptomatic vaginitis in PLHA are vulvovaginal candidiasis, bacterial vaginosis and mixed infections with candidiasis and bacterial vaginosis, bacterial vaginosis and trichomoniasis. The commonest etiology in this study is candidal vaginitis which is supported by a study by Dimple chopra et.al.⁸, followed by bacterial vaginosis. This states, it is the altered vaginal flora that causes asymptomatic vaginitis in PLHAs in common than the infections.

Conclusion:

The prevalence of asymptomatic vaginitis due to altered vaginal flora is high in PLHA women. Hence they need complete gynaecological evaluation and follow up.

References:

1. A J Kanwar. Clinical approach to vaginal/urethral discharge. In: Vinod K Sharma editor. Sexually Transmitted Diseases and HIV/AIDS. New Delhi: Viva books; 2009. p.778-9.
2. Verpol Chandeying. Abnormal vaginal discharge: Syndromic management. In: Bhushan Kumar, Somesh Gupta editor. Sexually Transmitted Infections. New Delhi: Elsevier; 2005. p.513-526.
3. H K Kar. Interaction of Human immunodeficiency virus and sexually transmitted diseases. In: Vinod K Sharma editor. Sexually Transmitted Diseases and HIV/AIDS. New Delhi: Viva books; 2009. p.220-2.
4. Jack D. Sobel. Vulvovaginal Candidiasis. In: King K. Holmes, P. Frederick Sparling, Walter E. Stamm et.al. editors. Sexually Transmitted Diseases. New York: McGraw- Hill; 2008. p.823-9.
5. Marcia M. Hobbs, Arlene C. Sena, Heidi Swygard. Trichomonas vaginalis and Trichomoniasis. In: King K. Holmes, P. Frederick Sparling, Walter E. Stamm et.al. editors. Sexually Transmitted Diseases. New York: McGraw- Hill; 2008. p.783.
6. Sharon Hillier, Jeanne Marrazzo and King K. Holmes. In: King K. Holmes, P. Frederick Sparling, Walter E. Stamm et.al. editors. Sexually Transmitted Diseases. New York: McGraw- Hill; 2008. p.744-49.
7. R Rajalakshmi, S Kalaivani. Prevalence of asymptomatic vaginitis in sexually transmitted diseases attendees diagnosed with bacterial vaginosis, vaginal candidiasis and trichomoniasis. Indian J Sex Transm Dis 2016;37(2):139-142.
8. Dimple Chopra. Prevalence of sexually transmitted infections in HIV positive and HIV negative females, in a tertiary care hospital – An observational study. Indian J Sex Transm Dis 2015;36(1):59-63.