

ISSUES IN THE VAGINA OR THE VAGINAL OPENING

Normal discharge is milky white or yellow, but both smell, amount, and colour can vary depending on the point in one's cycle. Naturally discharge has a low pH and contains many lactic acid bacteria (LAB), as well as other microorganisms such as *Corynebacterium*, *B-Streptococci*, *Gardnerella*, *mycoplasma*, or yeasts, that are normal parts of the vaginal flora.

There are no universal rules for what is normal and how much is too much discharge.

If the discharge is a different colour than usual, for example greenish or brownish, and smells, or if one has an itch, it may be a sign of yeast infections or vaginitis.

YEAST INFECTIONS

Candida Albicans is a yeast type that is a normal part of the vaginal flora for approximately a third of all women. In case of an overgrowth of *Candida albicans*, or an overgrowth of other yeasts, a yeast or fungal infection is developed. *Candida Albicans* is the most common cause of vaginal irritations.

Yeast infections can be determined to be either uncomplicated or complicated infections - the complicated yeast infections are typically caused by other *Candida* species, or being associated with diabetes or immunosuppression. Pregnancy, antibiotics treatment, a contraceptive pill or excessive hygiene can also cause yeast infections.

Recurrent cases, which can be related to the menstrual cycle (come just before or during

menstruation), can be more complicated to treat, but there are various options with both antibiotics and probiotics (natural lactic acid bacteria), which can be explored. The treatment depends on how bad the infection is.

BACTERIAL VAGINOSIS

Bacterial vaginosis is another common cause for changes in discharge and odor problems.

The cause of bacterial vaginosis isn't well known. Women with higher sexual activity are more likely to get bacterial vaginosis but it is not a sexually transmitted disease and it is rarely necessary to treat one's partner.

In cases of bacterial vaginosis one often observes an overgrowth of *Gardnerella Vaginalis* or *Mycoplasma Hominis*.

Bacterial vaginosis is treated with antibiotics, either in pill form or as suppositories, and about 70 to 80% is cured but it can be recurrent in about a third of the treated patients.



WHO CAN I CALL WITH QUESTIONS?

You are welcome to call the Women's Clinic every weekday from 8.00 - 15.00 on 36 46 71 40.

Revised April 2020. To be revised on an ongoing basis and certainly no later than 1 April 2022, before in case of any significant changes.