

ISSUES IN THE VAGINA OR THE VAGINAL OPENING

Normal discharge is milky white or yellow, but both odor, 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.

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 *Gardnella 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.

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.

In some cases, yeast infections can be difficult to get rid of, which is why it is important to inoculate before treatment, just as it may be sensible to change treatment in order to select the resistant types. In rare cases, it may be necessary to have a special medicine or suppository with boric acid prepared to help get rid of the infections.



WHO CAN I CALL WITH QUESTIONS?

You are welcome to call Kvindeklínikken during telephone hours on 36 46 71 40.

Revised September 2022. To be revised on an ongoing basis and certainly no later than September 2025, before in case of any significant changes.

Tabel 1. Midler til *Candida*-infektioner*.

	<i>C. albicans</i>	<i>C. glabrata</i> <i>S. cerevisiae</i>	<i>C. krusei</i> <i>C. norvegensis</i>	<i>C. parapsilosis</i> <i>C. tropicalis</i>
<i>Topikale midler</i>				
Nystatin	+++	+++	+++	+++
Miconazol	+++	++	0	++
Econazol	+++	++	0	++
Clotrimazol	+++	+ - 0	++	+++
<i>Systemiske midler</i>				
Fluconazol	+++	+ - 0	0	+++
Itraconazol	+++	+	+ - 0	+++

* modificeret efter Dansk Dermatologisk Selskabs retningslinjer
0: ingen effekt. +: lille effekt. ++: nogen effekt. +++: god effekt