PRACTICE POINTS - Acute Cervicitis

Discharge and discomfort are the common symptoms of cervical lesion that needs careful physical, speculum examination & lab tests to establish the diagnosis.

Coming to the inflammatory lesions the most common infectious cause of cervicitis are *Chlamydia trachomatis*, followed by *Neisseria gonorrhea*. Other causes include herpes simplex virus (HSV), *Trichomonas vaginalis*, candida albicans and *Mycoplasma genitalium*. Often, a pathogen cannot be identified.

The cervix may also be inflamed as part of vaginitis (eg, bacterial vaginosis, trichomoniasis). Acute inflammation of the cervix results from direct infections by non specific microorganisms which are found in and around the area of which streptococcal staphylococcal and enterococcal infections are common. Forgotten foreign body like vaginal pessaries, tampons, barrier contraceptive devices, chemicals , in douches or contraceptive creams, and allergens like latex. can also results in acute cervical inflammation Acute cervicitis is usually caused by an infection Cervicitis may ascend and cause endometritis and pelvic inflammatory disease (PID).

The most common symptoms are vaginal discharge and vaginal bleeding between menstrual periods or after coitus.

It also presents with dyspareunia, vulvar and/or vaginal irritation as cervicovaginitis along with urethritis dysuria and pelvic inflammatory disease

On examination findings can include profuse foul smelling purulent or mucopurulent frothy vaginal discharge, cervix that bleeds on touch of a swab due to congestion and edema.

Colour of the discharge gives a clue about the causative organism. When the infection is caused by candida the discharge is white curdy plaques or flakes adherent to the vagina and cervix whereas in trichomonical infection the discharge is yellowish green and frothy in nature. Here the cervix is red and swollen--"strawberry cervix"due to increased terminal vasculature Bacterial vaginosis is vaginitis due to a complex alteration of vaginal flora in which lactobacilli decrease and anaerobic pathogens overgrow. Symptoms include a grey, thin, and fishy smelling vaginal discharge.Diagnosis is confirmed by testing vaginal secretions.Usually with Bacterial vaginosis appears to increase the risk of pelvic inflammatory disease, post abortion and postpartum endometritis, posthysterectomy vaginal cuff infection, chorioamnionitis, premature rupture of membranes& preterm labor.

Bacterial vaginosis is the most common infectious vaginitis. The cause is unknown. Anaerobic pathogens that overgrow include *Prevotella* sp, *Peptostreptococcus* sp, *Gardnerella vaginalis*, *Mobiluncus*sp, and *Mycoplasma hominis*, which increase in concentration by 10- to 100-fold and replace the normally protective lactobacil

Symptoms and Signs of Bacterial Vaginosis

Vaginal discharge is malodorous, grey, and thin. Usually, a fishy odor is present, often becoming stronger when the discharge is more alkaline—after coitus and menses. Pruritus and irritation are common.

Diagnosis

- Clinical criteria
- Vaginal pH and wet mount

For the diagnosis, 3 of 4 criteria must be present:

- Grey discharge
- Vaginal secretion pH > 4.5
- Fishy odor on the whiff test
- Clue cells

Clue cells (bacteria adhering to epithelial cells and sometimes obscuring their cell margins) are identified by microscopic examination of a saline wet mount. Presence of WBCs on a saline wet mount suggests a concomitant infection (possibly trichomonal, gonorrheal, or chlamydial cervicitis.

Microscopic examination is the simplest method and enables to test for trichomoniasis and bacterial vaginosis at the same time. Tests for both infections should be done because they cause similar symptoms and/or may coexist. Vaginal secretions are obtained from the posterior fornix. The pH is measured. Secretions are then placed on 2 slides; they are diluted with 10% K hydroxide on one slide (KOH wet mount) and with 0.9% NaCl on the other (saline wet mount). For the whiff test, the KOH wet mount is checked for a fishy odor, which results from amines produced in trichomonas vaginitis or bacterial vaginosis. The saline wet mount is examined microscopically as soon as possible to detect trichomonads. Trichomoniasis is also commonly incidently diagnosed by seeing the organism when a Papanicolaou (Pap) test is done.

The following treatments are equally effective:

- Metronidazole 0.75% vaginal gel bid for 5 days
- 2% clindamycin vaginal cream once/day for 7 days
- Oral metronidazole 400 mg bid for 7 days or 2 g once

Oral metronidazole 400 mg bid for 7 days is the treatment of choice for patients who are not pregnant, but because systemic effects are possible with oral drugs, topical regimens are preferred for pregnant patients. Women who use clindamycin cream cannot use latex products (ie, condoms or diaphragms) for contraception because the drug weakens latex.

To prevent endometritis, prophylactic use of oral metronidazole before elective abortion to all patients or only to those whose test positive for bacterial vaginosis is suggested.

DR.RAMANI RAJENDRAN