

Guideline for:

THE INVESTIGATION OF VAGINAL DISCHARGE

<p>Definition</p>	<p>“Abnormal” vaginal discharge is defined as an increased amount, abnormal colour, or yellow colour.</p> <p>Conduct a detailed sexual history with an emphasis on possible exposure to sexually transmitted diseases. It is also important to determine the relationship of the discharge to menstrual cycle.</p> <p>The physical examination should be focused and based on the results of the medical history and includes inspection of the external genitalia, perirectal region, vulva for evidence of lesions, ulceration and erythema. Conduct a speculum examination to inspect the vaginal mucosa and cervix, and look for sources of secretions i.e. try to establish whether discharge is of cervical or vaginal origin</p>
<p>Initial laboratory investigations</p>	<p>High vaginal swabs for: -</p> <ul style="list-style-type: none"> • pH and “whiff” test (side room tests), • microscopy (wet film and Gram stain), • bacterial and fungal culture for specific pathogens <p>Endocervical swabs or first-void urine samples, if gonorrhoea, chlamydia, or mucopurulent cervicitis is suspected for: -</p> <p style="padding-left: 40px;">Endocervical swab for MCS</p> <p style="padding-left: 40px;">First void urine for PCR to detect Chlamydia trachomatis and/or Neisseria gonorrhoeae</p> <p>Cytological examination in the post-pubertal patient and patients with chronic cervicitis</p>

CAUSES	SPECIFIC LABORATORY TESTS
FROM THE VAGINAL WALL	
<i>Trichomonas vaginalis</i> infection	<p>Genital swab – microscopy (and/or culture; requires specialised media) for <i>Trichomonas vaginalis</i>.</p> <p>Cervical cytology.</p> <p>Other sexually transmitted diseases should be excluded.</p>
<i>Candida albicans</i> infection	High vaginal specimen from lesion for
<i>Gardnerella vaginalis</i> infection	<p>Microscopy and culture of vaginal secretion.</p> <p>“Whiff” test by addition of KOH.</p>
<i>Haemophilus influenzae</i> type B infection (in children)	Microscopy and culture secretion from vagina
FROM THE CERVIX	
Gonorrhoea	<p>Cervical or a high vaginal swab – Gram stain and culture for <i>Neisseria gonorrhoeae</i>. PCR on cervical swabs or urine samples is an alternative method of detecting the gonococcus.</p> <p>Consider possibility of concurrent infection with HIV, Chlamydia trachomatis, syphilis</p>
<i>Chlamydia trachomatis</i> infection	<p>Swabs or urine for PCR – this is the test of choice.</p> <p>Chlamydia antibodies – this a screening test which does not differentiate between the respiratory chlamydias (i.e. <i>C. pneumoniae</i> and <i>C. psittaci</i>) and the sexually transmitted chlamydias (i.e. <i>C. trachomatis</i>). In addition, the test does not differentiate between recent and past exposure to chlamydia species.</p> <p>Chlamydia trachomatis-specific antibodies</p>

CAUSES	SPECIFIC LABORATORY TESTS
<i>Other cervical lesions</i>	
Herpes simplex virus	Virus detection, culture or PCR for simplex virus if there is a suspicious lesion herpes
Cervical carcinoma	Cervical cytology; cervical biopsy (colposcopically directed) of any suspicious lesion, as cervical cytology fails to detect a serious lesion (<i>incl malignancy</i>) in up to 50% of patients. There is a strong association between infection with some strains of human papillomavirus and cervical carcinoma, however, the place of human papillomavirus testing is not yet defined.
Cervix Retained foreign body eg Tampon	A thorough vaginal examination, including visualisation of the cervix is always necessary in all patients with a
<i>OTHER</i>	
Contact or allergic vaginitis e.g. Soaps Detergents Chemically treated water (found in Jacuzzis etc) Atrophic vaginitis occurs in: Postmenopausal women Hyoestrogenic adolescents Uterine fibroids Uterine carcinoma	