

Vaginal Discharges.

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One of the most common complaints, for which most women (young and old alike) fail to seek help, is the problem of abnormal vaginal discharge. The problem is however so widespread that almost no woman, at one point in time or the other, is spared from it. The frequently asked questions are: What is it? What caused it? How did I get it? Is it an STI? Will it affect my ability to reproduce? How do I treat it?

So much can be written and said on this topic and this article alone cannot do justice to it. It is my advice that any lady having an issue like this should find time to discuss it in more details with her healthcare provider.

Let us first look at the vagina as an organ, in an attempt to understand it better. The vagina is a part of the female reproductive tract. It is usually classified as a part of the internal female genitalia, but in its essence, it connects the strictly external genitalia to the strictly internal genitalia. It is a hollow, H-shaped tubular structure, which is flattened along its entire length. The vagina is composed of an epithelium (or an inner lining), muscular layer and connective and support tissues. The inner lining of the vagina has secretor cells, which secrete a thin colourless and odourless fluid into the lumen of the vagina. There are some glands at the sides of the vagina, which also secrete a lubricating fluid, especially during sexual arousal. These glands are called the Bartholin's glands. These fluids contain a high amount of proteins that fight infection. These are known as immunoglobulins.

There are microorganisms resident in the vagina. These compose the normal micro-flora of the vagina. The most prominent and most important of these is the Lactobacilli of Duordelain. These break down glucose and glycogen to lactic acid. By their metabolism, they create an acidic reaction in the vagina. It is worthy to note that in pH, the vagina is second only to the stomach in acidity. The pH of the vagina is between 3.5 and 4.5. Any increment beyond that would predispose the vagina to infections.

From the foregoing it is now clear that there are four major defenses that the vagina has against infections:

- The integrity of its wall (the inner lining especially)
- The immunoglobulins on the lining of the vagina
- The resident microbes in it, which fight other, disease causing, microbes, and,
- The pH , which discourages proliferation of disease causing microbes

It thus stands to reason that anything that affects any of the above defense mechanisms would be in a position to cause infection. A cardinal feature of

infection in the vagina is the fact that abnormal discharge would occur especially from the glands of the inner lining of the vagina. Depending on the nature of the causative organism, the colour and odour of the discharge would vary. This would be discussed in more details later.

There are factors which predispose women to abnormal vaginal discharge. These would include:

- Pregnancy
- Antibiotic use
- Contraceptive use
- Immunosuppressive treatments
- Sugar Diabetes or even Impaired Glucose (tolerance) Handling by the body
- Excessive douching
- Excessive washing of the genitalia with soap
- Improper underwear
- Promiscuity
- Improper intimate hygiene

I have purposely not included use of public toilets in the above list. The reason is that the use of a public toilet, per se, would not normally predispose one to abnormal vaginal discharge. A high dose of the microbes would have to be present in such public toilets, and/or the woman would have had to be somewhat compromised in her defenses before use of the public toilet, for it to be an issue. The commonly employed term “toilet infection” is thus a bit deceitful. There is however some association between frequent public toilet use and the increase in abnormal vaginal discharge. It however calls for better intimate hygiene by the victims of such.

Pregnancy, antibiotic use, contraceptive use, immunosuppressive treatments and sugar diabetes all reduce the defense mechanisms of the vagina, especially the naturally found immunoglobulins that fight infection on the inner lining of the vagina. Antibiotics kill off some of the useful bacteria in the vagina, thereby allowing some, not-so-useful ones to overgrow. Immunosuppressive treatments promote overgrowth of opportunistic and pathogenic bacteria. Excessive douching mechanically rids the vagina of useful bacteria and sometimes alters the pH of the vagina. The pH is also altered while bathing the vagina with soap. Underwear from synthetic fibers impede the ability of the vagina to self cleanse itself and should be avoided whenever possible. Although promiscuity is listed as a risk factor for vaginal discharge, it must be noted that even virgins can have abnormal vaginal discharge.

There are many causes of abnormal vaginal discharge. The most common are:

- Candidiasis (thrush), associated with cheesy, creamy vaginal discharge
- Bacterial Vaginosis, associated with fish smelling discharge

- Trichomonas Vaginitis, associated with greenish-yellow, foul smelling discharge
- Non-specific Vaginitis, associated with white or clear, foul smelling discharge.
- Vaginitis of PID (Pelvic Inflammatory Disease), colour and smell depend on the causative organism in the main pelvic disease (usually gonorrhoea – offensive discharge and Chlamydia – minimal, in most cases, clear discharge).

Your physician would want to conduct a test on you (an HVS – High Vaginal Swab), and on your spouse (a urethral swab) to make an accurate diagnosis. In some cases more tests may be required. Your physician would be in the best situation to advise you based on the specifics of your case.

Treatment in many cases is simple and straightforward if the condition is detected early and prompt and efficient treatment instituted in a timely manner. For many couples compliance is usually a problem. It must be borne in mind that the causative organisms of abnormal vaginal discharge can be transmitted during sexual intercourse. As a result, if a woman is treated without her husband, there is a very high likelihood she would get re-infected by her husband. The most important aspect of treatment is that it has to be holistic: systematically and locally. There are going to be oral drugs and drugs acting locally (creams and vaginal inserts), which may have to be taken over extended periods of time, to avoid relapses. Currently it is being advocated treatments should continue at full strength for 3 months, then at maintenance levels for another 3 to 6 months.

The important question now is: do all cases of vaginal discharge require treatment? The simple answer to that is “No”. But I would suggest every case gets evaluated by a health care professional. A decision to treat would depend on the concomitant factors, the amount and type of the discharge and the social significance of the discharge.