Vaginal Candidiasis

A vaginal fungal infection caused by Candida albicans

Vaginal Thrush

Vaginal Candida

- Candida albicans is a widespread fungus found throughout the world.
- It occurs as a naturally occurring micro-organism in the vagina, mouth, digestive tract and skin.
- In most people, the organism is found in very small numbers and does not produce clinical effects.

Vaginal Candida

- Vaginal candida infections produce clinical effects when the balance between Candida albicans and the other vaginal micro-organisms is disrupted.
- This change in balance occurs when favourable conditions allow growth and nourishment of the C. albicans fungus.
- An environment which makes it difficult for other micro-organisms to survive may allow C. albicans to flourish

Vaginal Candida

- Such changes to the vaginal environment may be caused by:
  - Antibiotics – these may lower the numbers of resident bacteria and allow growth of C. albicans
  - Contraceptive Pill – increases oestrogen levels and changes the vaginal environment making it ideal for C. albicans proliferation
  - Pregnancy – increases oestrogen levels
  - Immunocompromisation – HIV, Diabetes

Candidia

- Vaginal candida is not considered a sexually transmitted disease although 12-15% of men will develop symptoms such as itching and a penile rash after sexual intercourse with an infected partner.
- Male and female patients with HIV infections may develop disseminated candida infections affecting the genitals, mouth, oesophagus, skin and other organs

Vaginal Candida

- Symptoms may include:
  - Abnormal vaginal discharge – ranging from slightly watery to thick white and chunky (cottage cheese-like)
  - Vaginal & labial itching/burning
  - Vulval erythema
  - Dyspareunia (Painful intercourse)
  - Dysuria (Pain on urination)
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• Investigations:
  – Pelvic examination may reveal inflammation of the vulva, vagina and/or cervix.
  – Dry white plaques may be observable on the vaginal wall
  – Microscopic evaluation of discharge or scrapings reveal C. albicans

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• Initial diagnosis and treatment should be under the care of a G.P., once diagnosis has been confirmed, subsequent yeast infections can be self treated.
• Treatment includes the administration of topical and/or oral anti-fungal preparations such as Clotrimazole or Miconazole
• If symptoms persist, additional investigations are required and referral to a gynaecologist may be required

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• Cranberry juice and natural yoghurt are two foods that may help to prevent the occurrence of yeast infections and also aid their treatment