

VAGINAL DISCHARGES

By J. D. Gaskell, SRN

Many patients suffering from a vaginal discharge attend for treatment at special clinics. Not all of these conditions are due to specific causes. Some of the causes and the treatment available are reviewed in this article.

THERE are a variety of conditions which show themselves in discharge from the vagina, but before we discuss them it is necessary to review the anatomy of the female genitalia where it concerns this aspect of its physiology.

Anatomy

Between the labia minora is an area called the vestibule which contains the openings of the urethra, Bartholin's glands, and the introitus of the vagina. The urethra is about $1\frac{1}{2}$ inches in length and contains many tiny glands in its mucous membrane whose function is to lubricate the urethra. There are two small glands lying on each side of the urethral orifice called Skene's glands which apparently have no function but may become infected and cause discomfort. Bartholin's glands lie in the labium majus, but their ducts open into the vestibule and their secretions help to moisten the vaginal introitus. Sometimes these glands may become infected and produce a painful abscess.

The vagina is an easily dilatable passage which extends upwards and backwards for 4-6 inches and lies internally between the bladder above and the rectum below. The cervix projects into the vagina forming a circular depression called the fornix (pl fornices). The walls of the vagina are lined with squamous epithelium which contains glycogen. In normal nubile women Doderlein's bacilli are commensals and they act on the glycogen to produce lactic acid, which accounts for the high acidity of the vagina (pH 4.5). Before puberty and after the menopause the glycogen content of the vaginal mucosa is minimal and the vaginal secretions are usually

alkaline due to the absence of Doderlein's bacilli. There are also numerous tiny glands situated in the vaginal walls which keep the vagina moist. During sexual excitement these tiny glands increase their secretion to facilitate intercourse.

The urethra, vagina and anus of the female are so closely situated together that an infection arising in one often spreads to another, or even both, especially in gonorrhoea for example. The periodic flow of the menses may mask infection and delay the patient from consulting her doctor so that complications may supervene.

The Most Common Cause

The commonest cause of vaginal discharge is excessive cervical or vaginal secretion occurring during sexual excitement, pregnancy, or before the imminent menstrual period. These discharges are not deleterious but may be troublesome and Penotrane pessaries (hydrargaphen 1.5 mg.) may be prescribed to dry up the secretions.

If profuse discharges (leucorrhoea) are neglected they may become infected and cause a mild vaginitis. Another common cause of vaginal discharge is erosion of the cervix, which may occur after pregnancy.

Gonorrhoea

Several causes of vaginal discharge are acquired sexually, the commonest being gonorrhoea. The incubation period of gonorrhoea is 2-10 days, after which dysuria, frequency of micturition and a purulent yellowish discharge may occur. These early signs and symptoms may pass unnoticed, in which case the infection may spread,

involving Skene's glands, Bartholin's glands, and causing rectal infection externally, and cervicitis and salpingitis internally. This last complication may give rise to symptoms suggestive of appendicitis or some other pelvic inflammation, and may lead to misdiagnosed operations.

In 1967, 11,054 female cases of gonorrhoea were seen in the VD clinics in England and Wales, and many other cases were treated privately by general practitioners, who do not submit their figures to the Department of Health and Social Security. Infections of gonorrhoea are treated by injections of penicillin or other antibiotics, especially if the condition has become chronic.

Trichomoniasis

Trichomoniasis is an infestation of the vagina with a unicellular flagellate called *Trichomonas vaginalis*. It can be transmitted sexually, but not exclusively so. The four flagellae of this organism continuously perform thrashing movements which give rise to a malodorous foam which causes soreness of the vulva and the top of the thighs. Trichomoniasis is frequently seen accompanying gonorrhoea, and in 1967, 9,952 cases were recorded in the VD clinics although many other cases were treated through antenatal clinics, general practitioners and other services whose figures are not submitted to the Department of Health. Metronidazole (Flagyl) tablets, 200 mg. three times daily after food for five to seven days, have revolutionized the treatment of this condition and relapses are rare.

Moniliasis

Moniliasis is a fungus infestation of the vagina caused by a yeast-like organism called *Candida albicans*. It is often spread by sexual contact and is especially prevalent during pregnancy. The presence of monilia has also been noted in women who have been taking antibiotics. The fungus forms a white cheesy substance which causes intense irritation and soreness of

(Contd. on page 380)