성매개 질환치료의 최신지침
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KCDC : Statistics – postMP women

Contents
- Sexually transmitted diseases (STDs)
  "A variety of clinical syndromes and infections caused by pathogens that can be acquired and transmitted through sexual activity."

Bacterial Vaginosis
Cervicitis
Chlamydial Infections
Epididymitis
Pelvic Inflammatory Disease
Scabies
Syphilis
Trichomoniasis

Adolescents
- Screening
  - C. Trichomatis, N. Gonorrhoea (sexually active < 25yrs female)
  - HIV
  - cx cancer screening (>21 yrs)
  - not routine screening for asymptomatic adolescents

HPV vaccination
- male : (9%) 11.12 yrs  : 21 세 : 4/9가 백신
  - 2가 : 16,18 (60%)  : 4가 : + 6,11 (60%)  : 9가 : + 31,33,45,52,58 (91%)
- female : (9%) 11.12 yrs  : 26 세 : 2/4/9가 백신

Vaginal discharge

- Bacterial Vaginosis
- Trichomoniasis
- Vulvovaginal Candidiasis

Bacterial Vaginosis (BV)

- Replacement of normal lactobacilli in the vagina with high concentrations of anaerobic bacteria (e.g., Prevotella sp. and Mobiluncus sp.), G. vaginalis, Ureaplasma, Mycoplasma, and other anaerobes

- BV is the most prevalent cause of vaginal discharge or malodor
- Multiple male or female partners, a new sex partner, douching, lack of condom use, and lack of vaginal lactobacilli
- BV risk for acquisition of some STIs (e.g., HIV, N. gonorrhoeae, C. trachomatis, and HSV-2)
- Complications after gynecologic surgery
- Complications of pregnancy, and recurrence of BV

Bacterial Vaginosis (BV)

- Diagnosis – Gold standard
  - Gram stain
  - Relative concentration of lactobacilli (long G (+) rods)
  - Gram (-) & Gram-variable rods and cocci (G. vaginalis, Prevotella, Peptococcus, and Peptostreptococcus), and curved Gram (-) rods (Mobiluncus)
  - Lactobacillus: lactic acid, hydrogen peroxide, bacteriodes

- Clinical criteria: 3 of followings:
  - Homogeneous, thin, white discharge that smoothly coats the vaginal walls
  - Clue cells (vaginal epithelial cells studied & adherent coccobacilli) on microscopy
  - pH of vaginal fluid > 4.5
  - A fishy odor of vaginal discharge - 10% KOH (whiff test)

Bacterial Vaginosis (BV)

- Treatment – women with symptoms for symptom relief
  - clot, douching, risk for acquiring C. trachomatis, N. gonorrhoeae, T. vaginalis, HIV, HSV type 2

- Clot: Metronidazole (e.g., Flagyl, Metrogynan, etc.)
  - Before 2hr: 1000mg, 2hr: 750mg
- Clindamycin (e.g., Cidex, Clindamycin, etc.)
  - Before 2hr: 1000mg, 2hr: 750mg

- Alternative: Nesbitt, metronidazole + clindamycin

Bacterial Vaginosis (BV)

- Other Management Considerations
  - All women with BV should be tested for HIV and other STIs
  - Follow-Up: Follow-up visits are unnecessary if symptoms resolve
  - Sex partner: routine treatment is not recommended

Symptom recurring, resistance to persistent or recurrent BV

- 0.75% metronidazole gel for 4-6 months
- Oral metronidazole (metronidazole or tinidazole 500 mg bid for 7 days)
  - Then, intravaginal boric acid 600 mg daily for 3 days
  - Then, suppressive 0.35% metronidazole gel 2/week for 4-6 months
- Oral metronidazole 2g + fluconazole 150 mg / month