The Professional Medical Journal
www.theprofesional.com

DOI: 10.29309/TPMJ/2020.27.05.3550

ORIGINAL PROF-0-3550

CHRONIC VAGINAL DISCHARGE; PRESENTATION AND MANAGEMENT AMONG WOMEN OF UNDERDEVELOPED AREAS.

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Article received on:
15/04/2019
Accepted for publication:
05/09/2019

ABSTRACT… Objectives: To determine various presentations of patients with chronic vaginal discharge belonging to underdeveloped areas and its response to management. **Study Design:** Cross sectional study. **Setting:** Rai Medical College, Doctors Trust Teaching Hospital Sargoodha. **Period:** July to December 2018. **Material & Methods:** This study was conducted in Obstetric and Gynaecology unit of study institution. Total 150 cases were included in this study belonging to underdeveloped areas around Sargodha city presenting with vaginal discharge for more than 6 months duration. These cases were reported in outpatient door of gynae unit. Ages of these cases were 18-45 years. **Results:** Total 160 cases were included in this study presenting with the history of vaginal discharge with more than 6 months history. Their age range was 18-45 years with mean age of 35 years. Presenting complaints in study group were vaginal discharge in all (100%) cases, lower back pain in 53(33%), lower abdominal pain in 41(25.6%), itching in 38(23.8%), dysuria reported in 25(15.6%), dysparunia in 21(13%) cases and post coital bleeding reported in 18(11.3%) cases. Mean parity of cases in study group was 3±1. Vaginal infection was resolved in 70% cases after treatment with first line antibiotics and recovery rate increased up to 90% after treatment with 2nd line antibiotics. Various side effects of drugs were reported in study group. Most common side effects were anorexia in 9.4% cases, nausea in 7% and abdominal discomfort was reported in 5.6% cases. **Conclusion:** There is very high rate of sexual transmitted diseases among women living in peripheral under developed areas due to lack of proper awareness and high illiteracy rate among women. WHO recommended Symptomatic management is very effective in these cases.

Key words: Sexually Transmitted Diseases, Vaginal Discharge, Women of Underdeveloped Areas.

Article Citation: Rehman S, Zafar S, Gulbaz S. Chronic vaginal discharge; presentation and management among women of underdeveloped areas. Professional Med J 2020; 27(5):910-914. **DOI:** 10.29309/TPMJ/2020.27.05.3550

INTRODUCTION

Women living in underdeveloped areas are mostly illiterate and don't have proper awareness about their health problems. When they suffer from sexually transmitted infections they present late in hospitals because they try to manage it by home remedies and some of them even don't know they have a serious disease. That is the reason cases of chronic vaginal discharge are usually from peripheral areas of cities. Lack of maternal health awareness, inadequate health facilities and improper customs are main reasons of this morbidity in women. Sexually transmitted infections is a most common problem of most of the women if not diagnosed and treated in time, it can lead to severe physical and sexual and psychological health problems. Most common causative agents of chronic vaginal discharge are bacteria such as Chlamydia causing cervicitis, Trichomonas causing trichomoniasis, gonococcal infections and bacterial vaginosis. In Pakistan most of the hospitals don't have sufficient health facilities and trained staff for diagnosing disease early and teat it in time. Management of disease depends on proper history, duration of disease and severity of signs and symptoms detected on examination. Reatment involves coverage of most common causative bacteria, preventive measures like use of barrier techniques during intercourse and proper follow up after treatment. In first line treatment, Tinidazole and fluconazole were used in single dose or metronidazole in combination with clotrimazole was used in multiple doses. In second line treatment Macrolides or Quinolones

were used in addition to drugs mentioned above. Culture examination is costly for poor people of peripheral areas so symptomatic management was done on empirical basis according to WHO guidelines.

MATERIAL & METHODS

This is a cross sectional study of descriptive type completed in a duration of seven months from July to December 2018. Study was conducted in a tertiary care teaching hospital of Sargodha. Patients from peripheral areas of Sargodha came for checkup in gynae outdoor with the complaint of chronic vaginal discharge from more than 6 months were included in this study. Permission was taken from ethical committee of the hospital for conducting study. Consent was also taken from patients for including them in this study. Pregnant females or asymptomatic patients were excluded from the study. Patients in outdoor were examined in examination room using speculum then bimanual examination was done. Proper history was taken from patients before doing examination. All relevant data was documented. Symptomatic management of such patients involves treatment without any lab investigations. According to guidelines of WHO, these patients with chronic vaginal discharge were treated with single dose of antibiotic (Azithromycin) one gram and antifungal tablet (fluconazole) 150 mg given per oral.

These cases in study group were called for follow up after seven days to see outcome of the treatment. Those not responding to this treatment were given second line treatment as per guidelines of WHO including quinolones 500 mg twice and tablet flagyl 400mg twice daily for two weeks. Antifungal cream (clotrimazol) was also given to those cases with fungal infection of vagina. Vaginal smear was taken and sent for examination and culture sensitivity in those cases resistant to treatment mentioned above. All data collected was analyzed in Microsoft office and SPSS software and results were calculated in the form of percentages and presented via tables and graphs.

RESULTS

There were 160 cases in this study having age range of 18-45 years with mean age of 35 years. There were 76% cases above 30 years of age. Presenting complaints of cases in study group were per vaginal discharge in 160(100%) cases, lower back pain in 53(33%) cases, lower abdominal pain in 41(25.6%), vaginal itching in 38(23.8%), dysuria in 25(15.6%) cases, dysparunia in 21(13%) and post coital bleeding was reported in 18(11.3%) cases. Bacterial vaginosis was found among 52% cases after vaginal smear examination. Out of 160 cases 98(61.2%) cases relieved from symptoms after taking first dose on first follow up visit after a week and total 152(95%) cases responded after taking 2nd dose at the end of symptomatic management. Out of 53 cases with lower back pain 65% responded to first dose and recovered while 84% responded to 2nd dose. Similarly 41 patients with the complaint of vaginal itching 75% responded to firs dose while 96% responded after 2nd dose. Side effects of drugs were reported in few cases in study group. Anorexia reported in 15(9.4%), nausea in 11(6.9%), headache in 7(4.4%), epigastric pain in 9(5.6%) and vomiting reported in 13(8%) cases.

Presenting Complaint	Number of Patients	%Age of Patients	P-Value
Discharge from vagina	160	100	0.08
Lower abdominal pain	41	25.6	
Itching	38	23.8	
Lower back pain	53	33	
Dysuria	25	15.6	
Dysparunia	21	13	
Post coital bleeding	18	11.3	

Table-I. Presenting complaints of patients in study group (n=160)

Side Effects of Treatment	Number of Cases	%Age of Cases	P-Value
Anorexia	15	9.4	0.1
Nausea	11	6.9	
Headache	7	4.4	
Epigastric pain	9	5.6	
Severe vomiting	13	8	

Table-II. Side effects of drugs reported in study group (n=160)

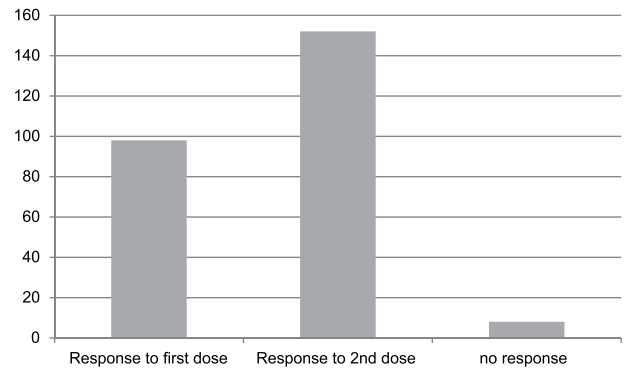

Figure-1. Response of patients to first and second dose of Symptomatic management

DISCUSSION

In Pakistan illiteracy rate is very high particularly in female population. Women living in peripheral areas are not aware properly to health issues. These women usually try to manage their disease by home remedies for a long duration and when disease is advanced then they present to any health center for treatment. This is all because of decreased awareness among women of underdeveloped peripheral areas and that is why many women present with sexually transmitted diseases. Most of the population in our country lives in peripheral rural areas. There is a wide underdeveloped area around Sargodha city and most of them come for treatment to the study institution. There are decreased health facilities and skills among health professionals to diagnose and manage the disease early in such areas. Post partum hemorrhage is defined as blood loss 500-1000 ml within 24 hours after delivery.[1]

In our study we studied only those female patients presenting with vaginal discharge from more than six months duration. These cases were given Symptomatic management according to WHO guidelines. This treatment is cheap and very effective with very high recovery rate and low recurrence rate reported after taking this treatment. those women with very fragile vaginal mucosa which bleed when touched during examination should be given second dose of antibiotics including metronidazole with floroquinolones.

In our study 61% cases recovered after taking first dose of antibiotics and recovery rate reported up to 95% after taking second dose of antibiotics. PPH is a leading cause of maternal mortality according to a study conducted in Uganda, in which 1188 cases included and rate of PPH was 9% and cesarean section was its main cause.[2] A study conducted in Zimbabwe reported incidence of PPH as 1.6% and most common cause was gestational hypertension and prolonged labor period leading to PPH. Survival rate with primary PPH was 94.6% and mortality rate was 5.4%.[3] Mostly deaths due to PPH occurs in peripheral areas with lack of health care facilities in hospitals and there is no effective methods of prevention and treatment of this condition such as use of Oxytocin, because of many domestic child births by untrained birth attendants. Oxytocin is much effective in preventing PPH.[4] Risk factors of PPH studied by another study include number of gestations, gestational age, fetal size, birth weight, pre-eclampsia, perinatal mortality, methods of inducing labor, modes of delivery, laceration of placenta and its removal.[5] Early diagnosis of abnormal placenta position and blood coagulopathy and reducing duration of labor can reduce incidence of post partum hemorrhage and morbidity and mortality rate as well.[6,7]

Vaccume assisted delivery in mothers with gestational hypertension or having prolonged second and thord stage of delivery can lead to post partum hemorrhage in pervaginal mode of delivery.[8,9] Hemostatic abnormalities are second common cause of PPH after obstetric causes, which include low fibrinogen level and that can be corrected by transfusion of fibrinogen to the mothers before delivery.[10] A study reported relation of amniotic fluid color to the risk of PPH. It stated that meconium stained amniotic fluid is associated with increased risk of postpartum hemorrhage than clear amniotic fluid.[11] In our study no such relation was studied. A study conducted in Switzerland also stated increased incidence of PPH in recent years and associated with decreased tone of uterus which is its main cause.[12,13] Beside oxytocin use we can also stop PPH by use of chitosan covered gauze or balloon tamponade which are very effective in cases with

uterine atony and prevent hysterectomy.[14]

Availability of critical maternal ICU care in hospitals can reduce maternal mortality rate having risk of PPH.[15] Incidence of PPH was reported 2% in India according to a study conducted in Bihar.[16] Its incidence is varying in different countries and higher in south Asian countries as compared to developed European countries having low maternal mortality rate due to availability of resources in hospitals for maternal health.

CONCLUSION

Women living in peripheral underdeveloped areas have lack of awareness about their health and sexual transmitted diseases. Due to lack of proper health facilities such women present in late stages to health centers. In these women treatment results are very satisfactory by use of WHO recommended symptomatic management by use of combined therapy with antibiotics with low recurrence rate of disease.

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AUTHORSHIP AND CONTRIBUTION DECLARATION

Sr. #	Author(s) Full Name	Contribution to the paper	Author(s) Signature
1	Sheeba Rehman	Topic selection and data collection.	
2	Shahnilah Zafar	Data collection and data composing and analysis.	
3	Sara Gulbaz	Found additional literature for information.	