GYNO-STEROSAN IN THE TREATMENT OF PREGNANCY .. VAGINITIS

by

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With the spread of education, improved standards of personal hygiene and cleanliness, today we find that more women are seeking relief from the distressing symptom of leucorrhoea.

The last decade had witnessed the appearance of an increasing number of therapeutic measures for the control of leucorrhoea, prominent amongst which may be recalled the case of Stovarsal compounds, Mycostatin and antibiotic pessaries.

The increase in use of antibiotic today has led to an increase in the incidence of bacterial and fungal vaginitis. So that it is assuming a rapidly increasing role in clinical practice today.

The pathogens responsible for the causation of vaginitis include, trichomanas vaginalis, fungi of candida group and bacteria like esch. coli, stapylococci and streptococci. Most of the therapeutic measures available in the market today are active against only a part of the spectrum of pathogens causing vaginitis, thereby necessitating the use of laboratory aids prior to employment of judicious therapy.

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Material and Methods

A clinical and laboratory evaluation of Gyno-Sterosan in the treatment of pregnancy leucorrhoea has been undertaken. Gynosterosan is 5 : 7 Dichloro -8- hydroxyquinaldine, it is claimed to have a wide antibacterial, antifungal, and anti-trichomonal activity, it is non-toxic, and available in convenient form for clinical use.

It has been shown to be effective in vaginal thrush (von Kaufmann and Gehry, 1957) (Von Rousell and Lavanchy, 1957) and it is active in trichomoniliasis (Von Kaufmann and Gehry; Von Schludes Willcox).

Dietsch achieved consistently good results in the treatment of vaginitis due to trichomonal (31) and monilial (25) infestation as well as in 253 cases of non-specific vaginal infections.

Willcox also obtained satisfactory results with Gynosterosan in the treatment of vaginal moniliasis. Trials with Gynosterosan therefore seemed warranted and were undertaken at the Nowrosji Wadia Maternity Hospital and the results of this trial are presented below.

The patients included in the study

were pregnant women attending the antenatal clinics of N.W.M. Hospital, 75 patients complaining of leucorrhoea were studied. A detailed history was recorded, each patient was specifically asked for information regarding the following complaints:

(i) Leucorrohoea: Duration, quantity, type of discharge; (ii) Pruritus vulvae; (iii) Dysuria; (iv) Erythema; (v) Ulceration.

A speculum examination was carried out to inspect the vagina and cervix. The discharge was collected in a sterile test tube containing normal saline for laboratory investigation which included a study of wet mounts, KOH treated mounts, smears stained with Gram's stain and culture of Sabouraud and Nickerson's media. All cases included in the study were asked to insert one tablet of Gynosterosan deep in the vagina every night for a period of ten nights and to come after one week for follow-up evaluation.

In our series a complete follow-up at the conclusion of the therapy was available in 46 cases only. Hence in the present paper, an analysis of 46 cases will be presented.

Discussion

An analysis of the cases included in the study according to age group was as under:—

15 - 20	= 11
21 - 25	= 16
26 - 30	= 13
31 - 35	= 5
36 - 40	= 1

Most of the cases in the earlier age groups corresponded to greater absolute number of ante-natal cases of the same age group.

Parity

I	= 8
II - V	= 34
VI - & above	= 4

It does not appear that grand multiparity predisposes to vaginal infections.

Symptomatology

An analysis of 46 patients revealed.

(i) Leucorrhoea	(a) Grade	mild	10
		moderate	29
		severe	7
	(b) Duration: Less than 15 days		11
	15 days - 6 months		22
	6 months & above		13
	(c) Character: Most of the patients complained of moderate, sticky, white non-foul smelling discharge, 3 cases complained of purulent type of discharge. 10 cases admitted that the discharge was offensive.		

(ii)	Pruritus	20
(iii)	Dysuria	25
(iv)	Erythema	4
(v)	Ulceration	Nil

Findings of Examination

On examination of vulva and vagina the following were noted.

Vulva. In 18 cases the vagina appeared swollen, red with granular spots of haemorrhage and cov-

ered with purulent discharge. One of these cases had associated cystocele and lactocele.

Cervix. Appeared normal in 39 cases and erosion was noted in 7 cases.

Laboratory Aids. The leucorrhoeal discharge of all patients was investigated and studied as follows:

1. *Wet Mounts.* A drop of leucorrhoeal discharge, suspended in 0.9% of sodium chloride was examined under low power of the microscope, for hyphae and buds and motile trichomonas. In 3 cases buds and hyphae were seen and in 10 cases motile trichomonas found.

2. *KOH Mounts.* To a drop of the saline suspension of the discharge was added a drop of 10% KOH solution and the slide was examined. KOH dissolved away the cellular debris, thus bringing to light the hyphae and buds of candida. In 19 cases candidal infection could be diagnosed on the basis of this test alone.

3. A smear stained by Gram's technique was studied for the bacterial flora.

4. *Cultures.* The discharge was cultured on Sabouraud and Nickerson's media. In 28 cases a positive growth was seen in both the media. The results of the above mentioned investigations were as under:—

Results of Laboratory Data

Type of vaginitis	No. of cases
Bacterial	8
Trichomonas	10
Monaliasis	25
Mixed (Trichomonas & Moniliasis)	3

Therapeutic Response. Criteria for Cure

Therapeutic cures were assessed on the basis of (i) Gram's smear showing a restoration of normal bacterial flora, i.e. large rectangular, block like gram positive bacilli suggestive of Doderlein's bacilli in cases of bacterial vaginitis

2. Absence of motile trichomonas in cases of trichomonas vaginitis.

3. Negative culture on Sabouaud and Nickerson's media in cases of monilial vaginitis.

No. of cases		No. of cures	Percentage
Bacterial vaginitis	8	8	100%
Trichomonas vaginalis	10	7	70%
Monilia	25	22	88%
Mixed	3	1	30%

In the other two cases of mixed infections, the monilia were eradicated in both the cases but the trichomonas still persisted.

Conclusion

Gynosterosan appears to be efficacious in the treatment of vaginitis of diverse origin.

The use of Gyno-Sterosan is simple and non-offensive.

Long term use of Gyno-Sterosan does not give rise to manifestations of irritative phenomenon.

Due to its wide range of action, it seems to be a drug of choice in cases where the aetiological factor cannot be satisfactorily assessed. An extended trial of this drug is warranted.

References

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