A CLINICAL APPRAISAL OF DEQUADIN PESSARIES IN THE TREATMENT OF LEUCORRHOEA

by

S. N. Upadhyay*, M.D., M.R.C.O.G., F.I.C.S.

and

Rajandaye Ramkisson*, M.B.B.S. (Hons.)

Leucorrhoea is one of the most common complaints of patients attending gynaecological clinics. It is chiefly due to a vaginitis or a cervicitis. Trichomonas vaginalis ranks as the most common agent in the causation of vaginitis. It produces a characteristic frothy creamy discharge of thin viscosity. The lesion is reddish and punctate and is frequently described as a "strawberry" type of hyperaemia of the vagina and portio vaginalis of the cervix. The next most common invading organism of the vagina in women of child-bearing age is the fungus Candida albicans, infecting both the pregnant and the non-pregnant. It produces an inflamed condition of the vaginal mucous membrane which has on it numerous flakes of a white cheesy discharge of an unusually dry appearance. Mixed infections are also frequently encountered. In spite of the fact that vaginitis is so frequent, treatment remains unsatisfactory. An intensive search continues for the discovery of an agent that would be efficacious and at the same time cheap. We here report our experience with the use of Dequadin pessaries in 100 patients complaining of leucorrhoea. Each Dequadin pessary contains; Dequadin chloride 10 mg. and an inert base to make 1 gm. It is white in colour and oblong in shape. It is dispensed in packets of thirty, each packet being provided with an applicator.

*Post-Graduate Dept. of Obst. & Gynaecology, Patna University, Patna.

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Selection of Cases

Cases were selected from our clinic who came with the complaint of leucorrhoea or who were found to have a suspicious vaginal discharge on pelvic examination.

The cases studied include:

Trichomonas vaginalis —70 cases
Candida albicans —30 cases

In the trichomonas vaginalis series, besides a vaginal discharge, about 60% complained of an associated sterility, either primary or secondary. Sometimes, the discharge was so profuse that the patients had to wear protective vulval pads.

Clinical Diagnosis

Pelvic examination, revealing the typical discharges caused by Trichomonas and Candida, was followed by microscopic examination. In the case of trichomonas vaginitis, one drop of

the discharge was placed between a glass slide and a coverslip in a drop of warm saline and examined first under low power and then under high power for rounded objects 15-30μ in diameter exhibiting motility. In the case of candida, a sterile cotton swab was used to pick up some of the discharge which was then smeared on a glass slide and Gram's staining done. The fungus is gram positive and is a thin-walled, oval, yeastlike structure. More rarely a mycelium is seen with budding cells attached to the hypha at points of constriction. As culture media were not available, a most vigorous search had to be made for the organisms by examining a series of smears in each case.

Method of Treatment

After the diagnosis was made, a Dequadin pessary was inserted in the vagina with the aid of the applicator, at the same time instructing the patient in the method of insertion, so that in case she was unable to turn up every evening, she would be able to insert the pessary herself. The applicator is provided with a plunger and a cup. The plunger is at first pulled out of the applicator for about an inch. A Dequadin pessary is placed in the special 'cup' at the top of the applicator. The patient lies in a comfortable position. The applicator is placed as high as possible in the vagina and the plunger is pressed home. The applicator is then cleaned thoroughly in warm running water or a mild antiseptic lotion, dried and kept in a clean place. With very severe infections, two or even three Dequadin pessaries were inserted every night for the first few days. At least thirty pessaries were used for each patient, insertion not being omitted during the menstrual period.

Follow-up

Each patient was seen every evening for the first three visits for insertion of the pessaries themselves. Many patients complained that for a period varying from 3-10 hours after insertion of the pessary, the vaginal discharge became thin and more profuse. This was due to the disintegration and dispersion of the pessary. Even the severest cases showed marked improvement after 7 days of treatment. Both, the inflammation of the vagina and the cervix, and the vaginal discharge were noticeably diminished. After 7 days, the response was less marked but none the less present. After 21 days, vaginal smears were examined and if found positive, treatment was continued for 15 days more and if negative, for 7 days more only. Vaginal smears were repeated in the positive cases at the end of treatment. For two months subsequently, no form of therapy was given unless there was suspicion of recurrence. Recurrences were treated in the same manner as described above. The 100 cases studied were followed up for periods varying from 8 to 13 months.

Results of Treatment

Of the 70 cases of trichomonas studied, 55 were "cured", 8 improved and 17 either had no benefit or had repeated recurrences of infection. Of the 30 cases of candida, 22 were "cured", 4 improved and 4 received no benefit. Pregnancy did not seem to influence the results of treatment in the case of fungal infection.

Most of the patients used Dequadin for thirty days and their smears were found to be negative after 21 days. Many of the patients interviewed reported relief after 7 days of therapy.

Of the 77 cases described as "cured", either they were completely free from symptoms after 1 month's treatment or had one or two mild recurrences in between.

Comment

Recurrence is one of the greatest handicaps in the treatment of vaginitis. Such recurrences are due to re-infection by the husband, or the harbouring of the organisms in such inaccessible structures as Bartholin's gland, the para-urethral glands and Skene's tubules. Eradication of infection from these glands is almost impossible by local measures only. Herein lies the scope of systemic medication.

Summary

1. One hundred cases of vaginitis were treated with Dequadin vaginal pessaries. 70 cases were of trichomonas infection and 30 of candida.

2. 63 cases in the trichomonas group and 26 cases in the candida group were definitely benefitted by this form of medication giving a total percentage of benefit of 89.

3. Recurrences are a great setback in the treatment of vaginitis, especially of trichomonal origin.

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