

## CHANGING CLINICAL PROFILE OF VAGINAL TRICHOMONIASIS

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### SUMMARY

*Trichomonas vaginalis* (T.V.) infection is a common gynaecological problem. To assess whether the clinical presentation now-a-days is different from earlier descriptions, patients seen in our hospital in 1978, 1984 and 1988 were compared by systematic sampling method. A diminishing trend of acute symptoms and increasing trend of asymptomatic status were noted. Text-book description of Typical frothy greenish yellow discharge is becoming a rarity. Only routine microbiological testing during every gynaecological examination can help in detection of this problem.

### *Introduction*

Vaginal infection in adult women is the commonest gynaecological problem. T.V., *Candida* and non-specific vaginitis constitute the commonest causes.

*Trichomonas vaginalis* is a highly site specific, flagellate protozoa. In view of high consistence of other pathogens, specific symptoms caused by T.V. alone are difficult to be ascertained. Since recently we detected asymptomatic patients with T.V. infection quite frequently we attempted to compare the clinical presentation of this problem seen in our hospital at three different periods.

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*Accepted for Publication on 20/6/90.*

### *Materials and Methods*

This study was conducted at the Kasturba Medical College Hospital, Manipal, Karnataka State.

The case record of every 20th patient who attended our OPD in 1978, 1984 and 1988 were obtained from the Medical Records Department in our teaching Hospital. From available records, cases of vaginal trichomoniasis were selected for this study. A diagnosis of T.V. was considered when it was demonstrated in wet smear in the vaginal discharge or pap smear. All patients with vaginal discharge were investigated by wet smear whereas pap smear was done only when cervical pathology was suspected. The following clinical details were collected:-

Age, nature of symptoms, findings on

speculum examination with respect to nature of discharge and signs of vulvo vaginal infection, were analysed.

### Results

The number of records that could be obtained and the incidence of vaginal T.V. is shown in Table I. There is a statistically significant diminishing trend over the years.

**TABLE I**  
INCIDENCE OF VAGINAL  
TRICHOMONIASIS

	Year		
	1978	1984	1988
Total No. of out-patients	9,435	12,930	18,464
No. of cases sampled	472	647	923
Record obtained	230	576	785
T.V.+ Vc(%)	(21.7%)	(16.8%)	(10.8%)

Most of the patients were in the active reproductive age group of 21-40 years.

Table II shows the increasing incidence of asymptomatic patients, there is a remarkable reduction in acute symptoms like dyspareunia and also of vaginal discharge and pruritis vulvae over the past 10 years as evident in table III.

The findings on speculum examination are tabulated in table IV. Typical frothy greenish yellow discharge noticed only in 11.8% in 1988 as against 44% in 1978 series. There was a significant reduction in the excoriation of vulva from 18% in 1978 to 1.2% in 1988.

### Discussion

There is an apparent decrease in the incidence of T.V. among the patients seen in our hospital over the years. But these

**TABLE II**  
PREVALENCE OF SYMPTOMS

	1978		1984		1988	
	N=50		N=97		N=85	
	No.	%	No.	%	No.	%
Symptomatic	43	86%	81	83.5%	54	63.5%
Asymptomatic	7	14%	16	16.5%	31	36.5%

**TABLE III**  
ANALYSIS OF PRESENTING SYMPTOMS

Symptoms	1978		1984		1988	
	N=50		N=97		N=85	
	No.	%	No.	%	No.	%
Discharge	39	78%	81	83.5%	53+\$	62.4%
Pruritus	28	56%	32*	33.0%	20\$	23.5%
Urinary	5	10%	16	16.5%	11	12.9%
Dyspareunia	15	30%	12*	12.4%	2+\$	2.4%

\* significant difference between 1978 and 1984

+ significant difference between 1984 and 1988

\$ significant difference between 1978 and 1988

TABLE IV  
SIGNS

	1978 N=50		1984 N=97		1988 N=85	
	No.	%	No.	%	No.	%
<b>A. Type of discharge</b>						
Greenish to yellow	22	44%	23	23.7%	10+\$	11.8%
Watery	16	32%	36	37.1%	25+	29.4%
White	12	24%	38	39.2%	16+	18.8%
No discharge	0		0		4	4.7%
<b>B. Excoriation of vulva</b>						
	18	36%	39	40.2%	1+\$	1.2%

\* significant difference between 1978 and 1984.

+ significant difference between 1984 and 1988.

\$ significant difference between 1978 and 1988.

findings have to be considered against the back-ground of our sampling method and high number of old records which could not be traced.

The clinical features of T.V. can vary from asymptomatic state to profuse purulent discharge with severe vulvo vaginal inflammation. In view of 60% co-existence of other pathogens like gonococcus, gardenella vaginalis and candida the specific symptoms caused by T.V. also are difficult to be ascertained.

**Increasing incidence of asymptomatic** individual, and decreasing incidence of acute presenting symptoms like dyspareunia, reduction in occurrence of vaginal discharge and pruritus vulvae, rarity of signs of acute inflammation of vulva and vagina have been noticed in this study over a period of 10 years. Similar findings have been noticed in other studies like Adler HW and Besley E.M. (1984), Antony et al (1980). Patients presenting with greenish yellow discharge are uncommon

nowadays. Antony et al (1980) also noticed the occurrence of the so called 'typical vaginal discharge' only in 12% of patients with trichomonas vaginalis infection and surprisingly in 29% of patients due to vaginal infection caused by other organisms.

The changing clinical pattern of other vaginal infections like vaginal candidiasis is also known. However we feel that the increasingly wide spread use to Nitramidazole group of drugs (metranidazole, Tinidazole) for gynaecological and non-gynaecological indications both on definite and suspected clinical grounds should be contributing to this changing clinical profile of trichomonal infection. Routine use of wet smear and microbiological tests like culture help to detect T.V. in view of this altered clinical presentations.

#### References

1. Adler MW and Besley EM. *Brit. J. of Family Planning*, 10, 84-1984.
2. Antony C., Fouts and Stephen J. Kraus - *Journal of infect. dist.* 141, 2, 1980.