

Title: Treatment of Bacterial Vaginosis

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Abstract:

Bacterial vaginosis is a very common disease that has a high rate of recurrence. It is associated with an increased risk of pelvic inflammatory disease, complications of pregnancy, sexually transmitted infections, HIV, and relationship problems. Metronidazole is the standard treatment for bacterial vaginosis, and is effective at alleviating symptoms, but not recurrence. Suppressive treatment exists to prolong the time to recurrence of infection. However, once suppressive therapy is stopped, recurrence is as common as in control groups. Further studies are needed to evaluate the efficacy of probiotics and other proposed treatments.

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# Bacterial Vaginosis



## What is Bacterial Vaginosis (BV)?

- Bacterial vaginosis is vaginal infection caused by a number of bacteria, most notably *Gardnerella vaginalis*. It is a very common infection, and is difficult to prevent from coming back after treatment.
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## How do women get BV?

- The following raise the risk of getting BV:
    - Early age of sexual intercourse
    - Intrauterine devices (IUDs)
    - Sex during periods
    - Cigarette smoking
    - New or multiple sex partners
    - Sexual activity with other women
    - Douching
  - The exact cause of BV is not known
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## What are the symptoms of BV?

- Foul-smelling grayish-white vaginal discharge
  - Usually painless
  - One half of women do not complain of symptoms
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## How is BV diagnosed?

- The “Amsel Criteria” are used to diagnose BV, requiring 3 of 4 of the following:
  - Vaginal discharge
  - “Fishy” odor on a chemical test
  - Appearance of certain cells under a microscope
  - Higher than usual vaginal pH

## Why worry about BV?

- It is known to increase the risk of the following:
    - Pre-term birth
    - Low birth weight
    - Sexually transmitted infections (STI)
    - HIV
    - Pelvic inflammatory disease (PID)
    - Urinary tract infections (UTI)
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## How is BV treated?

- In women with symptoms, the standard treatment is an antibiotic called metronidazole, given by mouth two times a day for 7 days.
  - Other options include using an antibiotic called clindamycin, given by mouth two times a day for 7 days.
  - Some forms of metronidazole or clindamycin can be applied directly to the vagina. However, there is a greater risk of developing a yeast infection. Also, the vaginally applied antibiotics are less likely to be effective during pregnancy.
  - Recent research provided evidence that some bacteria that are native to the vagina can be used to treat BV. These bacteria are usually found in the vagina of healthy women. Adding them back to the vagina has been shown to reduce the rate of recurrent infection for six months after treatment.
  - A number of alternative therapies are being studied, but none have shown to be superior to the standard treatment.
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Further information can be found on the CDC website: [www.cdc.gov](http://www.cdc.gov).

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