



VAGINAL DISCHARGE

Proposed Management of Allergic Rhinitis on Medical Missions in Resource-Limited Settings

Case definitions

Sexually transmitted infection (STI)-related cervicitis: Vaginal discharge with any risk factor: age <30 years, >1 lifetime partner, self-reported difficulty with transport

Bacterial vaginosis or trichomoniasis: Vaginal discharge with none of the above risk factors

Candida vaginitis: Erythema or curdlike discharge

Pelvic inflammatory disease: Any lower abdominal tenderness

Consider hospital referral for the following symptoms:

1. Bloody discharge (consider malignancy)
2. History of vaginal foreign body
3. Prolonged symptoms

Clinical management

1. Encourage condom use
2. Encourage partner to come for treatment
3. Follow up in 3 days

Pharmacologic management

STI-related cervicitis:

Ciprofloxacin 500mg po Single dose

Azithromycin 1g po Single dose

Metronidazole 2g po Single dose

Bacterial vaginosis: Metronidazole 2g po Single dose

Candida vaginitis: Diflucan 150mg po Single dose

Pelvic inflammatory disease:

Ceftriaxone 250mg IM Single dose

Metronidazole 500mg po tid x 14 days

Doxycycline 100mg po bid x 14 days

Adapted from:

Guidelines for the management of sexually transmitted infections. World Health Organization. 2001.