15.9 Trichomoniasis Vaginalis

**DEFINITION**
Infection of the vagina, vulva, urethra, cervix, Skene’s or Bartholin glands with the protozoan, *Trichomonas vaginalis*.

**SUBJECTIVE**
May include:

**Women:**
1. Discharge with or without burning or odor.
2. Vulvovaginal irritation or soreness.
3. Dyspareunia
4. Pain on urination
5. Partner with trichomonal infection.
6. Minimal or no symptoms

**Men:**
1. No symptoms
2. Irritation inside the penis
3. Mild discharge
4. Slight burning after urination or ejaculation

**OBJECTIVE**
May include:
1. Strawberry patches on cervix and/or vaginal walls
2. Mildly offensive to malodorous discharge
3. Yellow, yellow-green, thin, foamy/frothy discharge
4. Erythematous and/or excoriated vulva and/or vagina
5. Vaginal pH > 4.5
6. Lower abdominal pain
7. Symptoms usually appear within 5-28 days after exposure

**LABORATORY**
1. Microscopic evaluation of saline wet mount may reveal motile trichomonads
2. Pap smear with trichomonads
3. OSOM Trichomoniasis Rapid Test
4. Affirm™ VP III Test
3. Other STI tests as indicated

**ASSESSMENT**
Trichomonal vaginitis or urethritis.

**PLAN**
1. Perform evaluation for other sexually transmitted infections (STIs), as appropriate.
2. Follow the current CDC STI/STD treatment guidelines.
   
   *Oral metronidazole or tinidazole should not be taken by patients:*
   - who are breastfeeding unless women are willing to discard breast milk throughout treatment and for 24 hours after last dose of metronidazole or 72 hours after last dose of tinidazole.
   - who have hepatic dysfunction (as indicated by symptoms, elevated liver function tests or hepatitis in last 6-12 months) or bleeding disorder.
   - who have used Antabuse in the last 2 weeks
   - *metronidazole may not be preferred in patients using Coumadin*

3. Treatment options in pregnant women metronidazole 2 g orally in single dose.
4. Refer partner(s) for treatment of trichomoniasis and evaluation of other STIs.
5. Recommend patient return for further evaluation if symptoms persist.
### CLIENT EDUCATION
1. Stress importance of completing medication. Describe growing problem of antibiotic resistance.
2. Advise patient to avoid intercourse or to use condoms until patient and partner’s treatment is complete (3-5 days after completion of medicine).
3. Counsel on importance of genital hygiene.
4. Tell patient:
   a. To avoid alcohol while taking metronidazole or tinidazole and for at least 24 before and 72 hours after treatment, respectively, because drug might cause severe nausea and vomiting.
   b. That treatment may cause metallic taste in mouth.
   c. That treatment may cause seizures or peripheral neuropathy (numbness and tingling of hands and feet). Metronidazole/tinidazole can also cause liver damage. Patient should discontinue medication and seek emergency medical care if any of these symptoms develop.
   d. Medications should be taken with food.
5. Recommend HIV testing, especially for patients with recurrent or resistant infections.
6. Advise against douching.
7. Counsel and encourage safer sex practices.

### CONSULT/REFER TO PHYSICIAN
1. Patient with contraindications to metronidazole/tinidazole, including hepatic dysfunction.
2. Infections which fail to respond to outlined therapy.
3. Suspected infection in absence of microscopic confirmation.