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Research Article

### CLINICAL PRESENTATION OF CHRONIC VAGINAL DISCHARGE AMONG WOMEN LIVING IN RURAL AREAS

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**Abstract:**

**Objective:** To study clinical presentation of women having chronic vaginal discharge, diagnosis and their management with outcomes.

**Design and duration:** This is a cross sectional study completed in eight months from January to August 2020.

**Setting:** Bolan Medical Complex Quetta.

**Patients and Methods:** This study was conducted in obstetrics and gynecology unit of study institution. Total 200 cases were included in this study belonging to underdeveloped areas around Quetta city presenting with vaginal discharge for more than 6 months duration. These cases were reported in outpatient door of gynecology unit. Ages of these cases were 20-40 years. Patients with pregnancy, abnormal vagina or cervix and having growth of cervix were not included in this study. Permission was obtained from all cases for including them in this study. All data collected was analyzed in Microsoft office and version 20 and expressed via tables and graphs.

**Results:** Total 200 cases were included in this study presenting with the history of vaginal discharge with more than 6 months history. Their age range was 20-40 years with mean age of  $22.4 \pm 5.8$  years. Presenting complaints in study group were vaginal discharge in all (100%) cases, lower back pain in 45(22.5%), lower abdominal pain in 41(20.5%), itching in 35(17.5%), dysuria reported in 29(14.5%), dyspareunia in 21(13%) cases and post coital bleeding reported in 18(11.3%) cases. Mean parity of cases in study group was  $3 \pm 1$ . Vaginal infection was resolved in 60% cases after treatment with first line antibiotics and recovery rate increased up to 92% after treatment with 2<sup>nd</sup> line antibiotics. Various side effects of drugs were reported in study group. Most common side effects were anorexia in 23(11.5%) cases, nausea in 18(9%) and abdominal discomfort was reported in 5.6% cases.

**Conclusion:** There is very high rate of sexual transmitted diseases among women living in peripheral under developed areas due to lack of proper awareness and high illiteracy rate among women. WHO recommended Symptomatic management is very effective in these cases.

**Key Words:** Chronic vaginal discharge, sexually transmitted diseases, women of underdeveloped areas

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**INTRODUCTION:**

Women living in underdeveloped areas are mostly illiterate and don't have proper awareness about their health problems. When they suffer from sexually transmitted infections they present late in hospitals because they try to manage it by home remedies and some of them even don't know they have a serious disease. Vaginal discharge can be very distressing to a child, especially if associated with discomfort. In addition, parents are often highly anxious, particularly if the symptoms have been present for several weeks or months. Vaginal discharge has been associated with pelvic infection, lack of cleanliness and sexual abuse; these are all factors about which parents will be very concerned. That is the reason cases of chronic vaginal discharge are usually from peripheral areas of cities. Lack of maternal health awareness, inadequate health facilities and improper customs are main reasons of this morbidity in women. Sexually transmitted infections is a most common problem of most of the women if not diagnosed and treated in time, it can lead to severe physical and sexual and psychological health problems. Most common causative agents of chronic vaginal discharge are bacteria such as Chlamydia causing cervicitis, Trichomonas causing trichomoniasis, gonococcal infections and bacterial vaginosis. In Pakistan most of the hospitals don't have sufficient health facilities and trained staff for diagnosing disease early and treat it in time. Management of disease depends on proper history, duration of disease and severity of signs and symptoms detected on examination. Many vaginal infective pathologies lead to purulent or serous discharge from vagina. It is much disturbing and stressing condition with pain, itching and abdominal comfort sometimes as well. Delay in diagnosis and late management can cause many complications like, bleeding, severe pain and vaginal atrophy etc. Chronic vaginal discharge is one of the common causes of infertility among women mostly undiagnosed. Women in peripheral areas do not have proper healthcare services so disease presentation is severe as they present late to any doctor hence such type of chronic infections are difficult to manage in these cases.

**PATIENTS AND METHODS:**

This is a cross sectional study completed in a duration of eight months. Study was conducted in a tertiary care teaching hospital of Quetta. Patients from peripheral areas of Quetta came for checkup in gynae outdoor with the complaint of chronic vaginal discharge from more than 6 months were included in

this study. Permission was taken from ethical committee of the hospital for conducting study. Consent was also taken from patients for including them in this study. Pregnant females or asymptomatic patients were excluded from the study. Patients with malignancy, immunocompromised conditions or on chemo or radiotherapy were excluded from the study. Patients in outdoor were examined in examination room using speculum then bimanual examination was done. Proper history was taken from patients before doing examination. All relevant data was documented. Symptomatic management of such patients involves treatment without any lab investigations. According to guidelines of WHO, these patients with chronic vaginal discharge were treated with single dose of antibiotic (Azithromycin) one gram and antifungal tablet (fluconazole) 150 mg given per oral. These cases in study group were called for follow up after seven days to see outcome of the treatment. Those not responding to this treatment were given second line treatment as per guidelines of WHO including quinolones 500 mg twice and tablet flagyl 400mg twice daily for two weeks. Antifungal cream (clotrimazol) was also given to those cases with fungal infection of vagina. Vaginal smear was taken and sent for examination and culture sensitivity in those cases resistant to treatment mentioned above. All data collected was analyzed in Microsoft office and SPSS software and results were calculated in the form of percentages and presented via tables and graphs. A self-designed performa was used to document all important positive findings and history related points.

**RESULTS:**

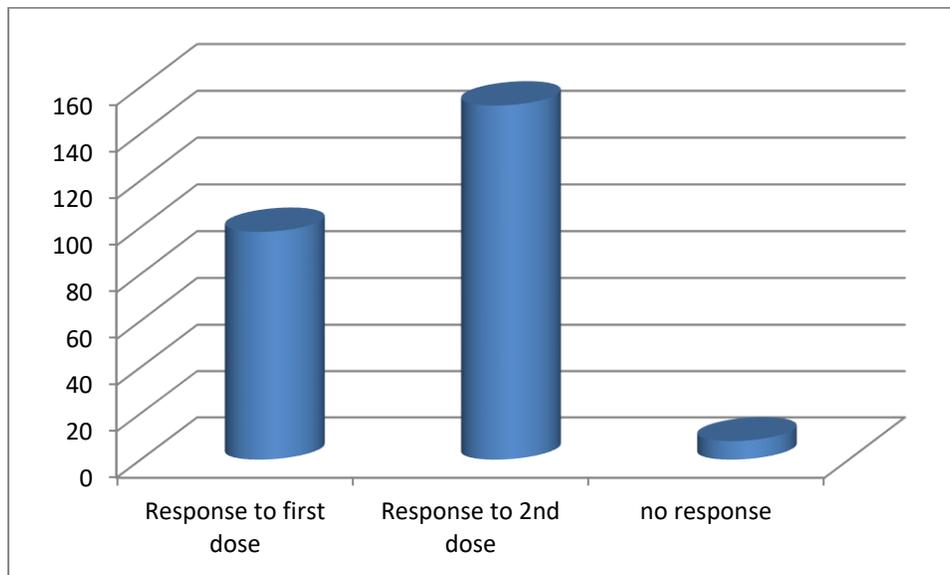
Total 200 cases were included in this study presenting with the history of vaginal discharge with more than 6 months history. Their age range was 20-40 years with mean age of  $22.4 \pm 5.8$  years. Presenting complaints in study group were vaginal discharge in all (100%) cases, lower back pain in 45(22.5%), lower abdominal pain in 41(20.5%), itching in 35(17.5%), dysuria reported in 29(14.5%), dyspareunia in 25(12.5%) cases and post coital bleeding reported in 22(11%) cases. Mean parity of cases in study group was  $3 \pm 1$ . Vaginal infection was resolved in 60% cases after treatment with first line antibiotics and recovery rate increased up to 92% after treatment with 2<sup>nd</sup> line antibiotics. Various side effects of drugs were reported in study group. Most common side effects were anorexia in 23(11.5%) cases, nausea in 18(9%) and abdominal discomfort was reported in 5.6% cases.

**(Table-1) Presenting complaints of patients in study group (n=200)**

Presenting complaint	Number of patients	%age of patients	p-value
Discharge from vagina	200	100%	0.15
Lower abdominal pain	41	20.5%	
Itching	35	17.5%	
Lower back pain	45	22.5%	
Dysuria	29	14.5%	
Dyspareunia	25	12.5%	
Post coital bleeding	22	11%	

**(Table-2) Side effects of drugs reported in study group (n=200)**

Side effects of treatment	Number of cases	%age of cases	P-value
Anorexia	23	11.5%	0.11
Nausea	18	9%	
Headache	7	3.5%	
Epigastric pain	10	5%	
Severe vomiting	11	5.5%	

**(Figure-1) Response of patients to first and second dose of Symptomatic management****DISCUSSION:**

In Pakistan illiteracy rate is very high particularly in female population. Women living in peripheral areas are not aware properly to health issues. Vaginal discharge can be very distressing to a child, especially if associated with discomfort. In addition, parents are often highly anxious, particularly if the symptoms have been present for several weeks or months. Vaginal discharge has been associated with pelvic infection, lack of cleanliness and sexual abuse; these are all factors about which parents will be very concerned. That is the reason cases of chronic vaginal discharge are usually from peripheral areas of cities.

Lack of maternal health awareness, inadequate health facilities and improper customs are main reasons of this morbidity in women. Sexually transmitted infections is a most common problem of most of the women if not diagnosed and treated in time, it can lead to severe physical and sexual and psychological health problems These women usually try to manage their disease by home remedies for a long duration and when disease is advanced then they present to any health center for treatment. Risk factors of PPH studied by another study include number of gestations, gestational age, fetal size, birth weight, pre-eclampsia, perinatal mortality, methods of

inducing labor, modes of delivery, laceration of placenta and its removal. [5] Early diagnosis of abnormal placenta position and blood coagulopathy and reducing duration of labor can reduce incidence of post partum hemorrhage and morbidity and mortality rate as well.<sup>6,7</sup> Vacuum assisted delivery in mothers with gestational hypertension or having prolonged second and third stage of delivery can lead to post-partum hemorrhage in per vaginal mode of delivery. [8,9] Hemostatic abnormalities are second common cause of PPH after obstetric causes, which include low fibrinogen level and that can be corrected by transfusion of fibrinogen to the mothers before delivery. [10] A study reported relation of amniotic fluid color to the risk of PPH. It stated that meconium stained amniotic fluid is associated with increased risk of postpartum hemorrhage than clear amniotic fluid. [11] In our study no such relation was studied. A study conducted in Switzerland also stated increased incidence of PPH in recent years and associated with decreased tone of uterus which is its main cause. [12,13] Beside oxytocin use we can also stop PPH by use of chitosan covered gauze or balloon tamponade which are very effective in cases with uterine atony and prevent hysterectomy. [14] Many vaginal infective pathologies lead to purulent or serous discharge from vagina. It is much disturbing and stressing condition with pain, itching and abdominal comfort sometimes as well. Delay in diagnosis and late management can cause many complications like, bleeding, severe pain and vaginal atrophy etc. Chronic vaginal discharge is one of the common causes of infertility among women mostly undiagnosed. Women in peripheral areas do not have proper healthcare services so disease presentation is severe as they present late to any doctor hence such type of chronic infections are difficult to manage in these cases.

### CONCLUSION:

Women living in peripheral underdeveloped areas have lack of awareness about their health and sexual transmitted diseases. Due to lack of proper health facilities such women present in late stages to health centers. In these women treatment results are very satisfactory by use of WHO recommended symptomatic management by use of combined therapy with antibiotics with low recurrence rate of disease.

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