



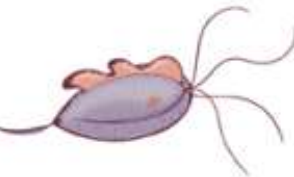



XXI. Diseases of the Female Genital System

N.B.2:**Diseases of the vagina:****I. - Inflammatory:**

1. **Gonococcal** → vulvo-vaginitis in children.
2. **Trichomonas** → acute or chronic protozoal infection → red strawberry appearance.
3. **Monilia**, as part of affection of the moist situations of the body (vagina, mouth, beneath breasts, axilla, perineum, between toes etc.) by Monilia (Candida) albicans; this being marked in diabetes, mal-nourished individuals (who suffer from avitaminosis and are under antibiotic medication) → superficial, large, white patches encircled by a red, moist inflammatory surface.
4. **Senile (in post-menopausal atrophy of the vagina).**

Differential diagnosis of vaginitis			
Diagnosis	Bacterial vaginosis (<i>Gardnerella vaginalis</i>)	Trichomoniasis (<i>Trichomonas vaginalis</i>)	Candida vaginitis (<i>Candida albicans</i>)
Examination	 <ul style="list-style-type: none"> • Thin, off-white discharge with fishy odor • No inflammation 	 <ul style="list-style-type: none"> • Thin, yellow-green, malodorous, frothy discharge • Vaginal inflammation 	 <ul style="list-style-type: none"> • Thick, "cottage cheese" discharge • Vaginal inflammation
Laboratory findings	 <ul style="list-style-type: none"> • pH >4.5 • Clue cells • Positive whiff test (amine odor with KOH) 	 <ul style="list-style-type: none"> • pH >4.5 • Motile trichomonads 	 <ul style="list-style-type: none"> • Normal pH (3.8-4.2) • Pseudohyphae
Treatment	Metronidazole	Metronidazole; treat sexual partner	Fluconazole



II. Neoplastic:

1. Benign:

- Papilloma, fibroma; fibromyoma; myxoma; naevus; haemangioma.

2. Malignant:

(a) Primary:

1. **Squamous cell carcinoma** (in the posterior wall at the junction with exocervix → fungation or/and ulceration → invasion of rectum, bladder or/and urethra → fistula formation.

Clinically: blood-tinged leucorrhoea, pain and urinary disturbances.

2. **Adenocarcinoma** (from remnants of **Gartner's duct** or endometrial inclusions).
3. **Carcinosarcoma** (mixed mesodermal tumour= sarcoma Botryoides).
4. **Lipoblastoma.**

(b) Secondaries:

- From elsewhere-tumours.

III. Congenital:

1. Absence or atresia.
2. Double septate (failure of fusion of Mullerian ducts at lateral walls of vagina).
3. Cysts of Gartner's ducts (remnants of Wolffian ducts).

IV. Mechanical:

1. Fistula (Vesico-vaginal).

Causes:

- a. Faulty prolonged labour → ischaemia → necrosis (from pressure).
- b. Extension of carcinoma of cervix or bladder.
- c. Post-instrumental (forceps) or post-operative (total hysterectomy).
- d. Irradiation necrosis.

2. Calculus and foreign bodies (→ leucorrhoea).

3. Rupture (→ haemorrhage).