Trichomonas Vaginitis

What is trichomonas vaginitis?

Trichomonas vaginitis (or trichomoniasis) is caused by a microscopic protozoon called Trichomonas vaginalis. It is most often acquired through sexual intercourse with an infected person and is therefore considered a sexually transmitted disease. According to the Centers for Disease Control and Prevention (CDC), trichomoniasis is the most common curable STD in young, sexually active women.

For unknown reasons, some people harbor these organisms for years without symptoms, while others develop symptoms shortly after becoming infected.

What are the symptoms?

In women, symptoms may be a profuse, thin, yellow vaginal discharge with a strong, unpleasant, fishy odor. Itching or burning of the vagina and labia, and pain on intercourse can accompany the discharge. Since the infection is localized in the vagina, there is no known effect on fertility. Although most men who harbor trichomonas organisms in their genital tract have no symptoms, some experience a urethral discharge and burning with urination.

What are the complications of Trichomonas vaginitis?

The genital inflammation caused by trichomoniasis can increase a woman's susceptibility to HIV infection if she is exposed to the virus. Having trichomoniasis may increase the chance that an HIV-infected woman passes HIV to her sex partner(s).

Pregnant women with trichomonas vaginitis may have babies who are born early or with low birth weight (less than five pounds) or experience other adverse pregnancy outcomes.

How is it treated?

Treatment with an oral drug, metronidazole or tinidazole, is very effective. Alcohol should be avoided when taking metronidazole or tinidazole, since flushing and nausea may result. It is advised that abstinence from alcohol use continue for 24 hours after the last dose of metronidazole or 72 hours after the last dose of tinidazole.

Sex partners should be treated and take medication at the same time. This prevents reinfection by the untreated partner at a later time. Patients are advised to avoid sex until they and their sex partners are cured.

It is advisable that both women and men have current testing for other STDs.

How can it be prevented?

Condoms, when used consistently and correctly, can reduce the risk of transmission of trichomonas vaginitis.

A person diagnosed with trichomonas vaginitis (or any other STD) should receive treatment and should notify all recent sex partners so that they can see a health care provider and be treated. This reduces the risk that the sex partners will develop complications from trichomonas vaginitis and reduces the risk that the person with trichomonas vaginitis will become re-infected.

Sex should be stopped until the person with trichomonas vaginitis and all of his or her recent partners complete treatment for trichomoniasis and have no symptoms.
This article was adapted from material originally found on the UW-Seattle Hall Health Center website, http://www.hallhealthcenter.com.