

## Research Compact

### Tags

Vaginitis, Bacterial vaginosis, Candidiasis, Pregnancy

### Title

## Study results on the use of different therapies for the treatment of vaginitis in hospitalized pregnant women

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### Source

2015, Archives of gynecology and obstetrics, <https://doi.org/10.1007/s00404-015-3638-9>

### Aim of the study

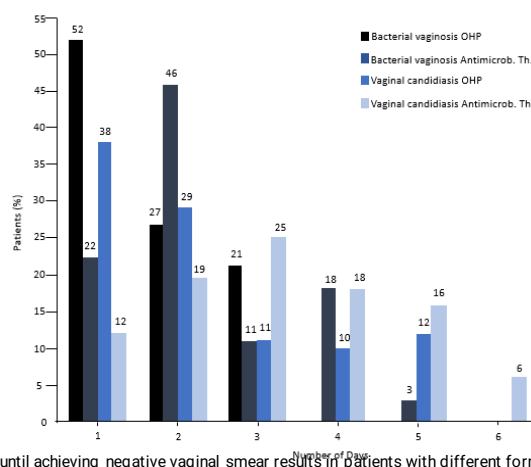
Pregnant women have a higher risk to experience a vaginal infection because of the change in hormonal status. This affects the vaginal microflora, which is responsible for the prevention of the proliferation of pathogens. Most cases are attributable to bacterial vaginosis (40-50%) and vaginal candidiasis (30%). In some cases, this can lead to serious obstetric and gynecologic complications. In this study, the efficacy of octenidine in combination with phenoxyethanol (OHP) was investigated in comparison to antimicrobial conventional therapies in the treatment of vaginal infections.

### Methods

The study involved 1000 hospitalized pregnant women, which were divided into 4 different groups depending on the type of the vaginal infection detected with smear analysis. In a clinical laboratory the specimens were fixed on an object carrier and examined under a microscope without the use of any reagents. The Nugent-Score was used to classify bacterial vaginosis. The type of infection was subsequently documented. Every group was again subdivided in two subgroups: one of the subgroup was treated with OHP, the other one with alternative therapies (neomycin/polymycin B/nystatin, metronidazole or miconazole vaginal tablets).

### Results

The Vaginitis was mostly caused by unspecific bacterial infections (42.4%) or vaginal candidiasis (44.8%). The treatment with OHP resulted on average in an earlier negative test compared to a treatment with conventional antimicrobials. This applied for the bacterial vaginosis (BV) as well as for the vaginal candidiasis (VC). ( $1.7 \pm 0.8$  vs  $2.3 \pm 1.1$  days;  $2.3 \pm 1.4$  vs.  $3.4 \pm 1.6$ ;  $p < 0,001$  for both). Even the maximum number of days until the negative result, was significantly lower in the OHP groups compared to the conventional antimicrobial therapy (BV: 3 vs. 5 days; VC: 5 vs. 7 days).



### Conclusion

**During pregnancy, OHP can provide a much better outcome in vaginal infections than classical therapeutics and should therefore be considered as a standard therapy. The advantage of the compound is the effectiveness against bacterial but also fungal infections, which saves time as there is no need to identify the pathogen in most cases.**