TRICHOMONAS VAGINITIS, AND ITS TREATMENT WITH TINIDAZOLE

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ABSTRACT

Fifty-one patients with trichomonal vaginitis diagnosed by microscopic evaluation of the vaginal fluor were treated with Fasigyn (tinidazole) either in a cure of seven days 150mg. b.i.d., or in a single dose of 2000mg. Both groups showed a cure-rate of 100% one week after initiation of the treatment. In the 7 day-group the cure-rate was still 100% 4 weeks after treatment as was the case in the single dose group on the 10th day of the menstrual cycle following treatment. Eight weeks after treatment the cure-rates were 92% and 73%.

In the single dose group 3 patients showed nausea. As most patients from both groups had either recidivating or chronic vaginitis which had already been treated before these results are certainly warranting the use of Fasigyn as a first choice agent in the treatment of Trichomonas vaginalis infections.

The number of patients referred to the gynaecologist for vaginal discharge due to a Trichomonas vaginalis infection has increased steadily over the last years. Various drugs have been used in the treatment of this ailment (3). The recognition of the sexual transmittance of the disease has proved a major step forward, because it showed the necessity of co-treatment of the infecting sexual partner. The development of orally active trichomonacidal agents has made this treatment regimen possible.
One of the latest developments in this group of agents is tinidazole (Fasigyn), a nitro-imidazole derivative that showed better activity in vitro and in vivo over metronidazole (5,7,8,9).

We want to report on two studies we did with this new drug. The first study concerns the treatment of patients and their sexual partners with tinidazole 150 mg. two times daily for seven days. After termination of this study pharmacokinetic investigations had shown that tinidazole might be as effective in a single dose of 2000 mg. (8,9). We decided to test the drug in this dose regimen as well.

**METHOD**

**A. first study**

Twenty-five female outpatients in whom the diagnosis Trichomonal vaginitis was confirmed by microscopic examination of the vaginal discharge were selected. Excluded were pregnant women, patients with an active organic illness of the C.N.S., patients with a history of blood dyscrasia and lactating mothers. The treatment results were checked right after the termination of treatment, and after four and eight weeks. Both the patients and their sexual partners were treated with tinidazole 150 mg. b.i.d. in 7 days.

**B. second study**

Twenty-six female outpatients fulfilling the same criteria as those mentioned under A were selected and treated with tinidazole 2000 mg. in one single dose. The male sexual partners received the same treatment.

**RESULTS**

**A.** The 25 selected female outpatients had a mean age of 32 (18-50yrs). In 18 cases (72%) it concerned patients with a recurrent infection, in 5 (20%) the patients presented with a chronic persistent infection while in 2 cases the infection was of recent date. Table 1. gives the results eight weeks after treatment for the above mentioned groups. The treatment was successful in 92% of all cases. Table 2. gives a comparison between the results directly after treatment and four weeks after treatment. The two patients who had a positive smear four weeks after treatment received a second course of tinidazole, this time the results were favourable.