Genital tract infections and discharge

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12.1 GENERAL INSTRUCTIONAL OBJECTIVE
The students should understand genital tract infections so that they can diagnose, appreciate the management and initiate the treatment of these conditions.

12.2 SPECIFIC BEHAVIOURAL OBJECTIVES
1. Discuss pathological and physiological vaginal discharge.
2. Discuss the aetiological factors involved in common genital tract infection.
3. Discuss the clinical features of genital tract infections.
4. Examine patient(s) and demonstrate an ability to differentiate between normal vaginal secretion and pathological discharge.
5. Examine patient(s) and demonstrate an ability to elicit and recognize signs of endometritis, salpingitis and pelvic peritonitis.
6. Indicate the appropriate investigations that will aid the diagnosis and management of genital tract infection.
7. Discuss the appropriate therapy of genital tract infections.
8. Explain the public health and the possible social implications of genital tract infection.
9. Discuss the sequelae of genital tract infection.

12.3 REASONS FOR LEARNING ABOUT GENITAL TRACT INFECTION
Vaginal discharge is the single most common presenting complaint of patients attending a general gynaecological clinic. It is frequently
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associated with other symptoms such as pain, vaginal pruritus and dyspareunia, or presents as a complication of contraception. The discharge may be pathological or be excessive 'physiological' discharge. The distinction between the various cases of pathological discharge is important so that appropriate therapy may be commenced. Inappropriate therapy will frequently aggravate the presenting problem or produce further iatrogenic problems. Inappropriate treatment of a physiological discharge may create a pathological discharge.

Genital tract infection, if not diagnosed early and treated appropriately, may have extremely disabling long-term effects on both the patient and her partner because of infertility or recurrent acute exacerbation of a chronic infection, which may eventually result in surgical pelvic clearance to relieve her symptoms.

Thus, although vaginal discharge and pelvic infection are common gynaecological problems and the diagnosis and treatment are straightforward, mismanagement can result in aggravation of the patient’s symptoms and the initiation of long-term problems.

12.4 ACHIEVEMENT OF SPECIFIC BEHAVIOURS

Students will take part in tutorial discussion groups and clinicopathological conference on the bacteriology, symptoms and signs of pelvic infection as well as the appropriate methods of confirming the diagnosis and the appropriate treatment for each type of infection. In the clinics and wards, they will be expected to be able to elicit the symptoms and identify the signs of genital tract infection, and to perform appropriate 'office' investigations, take appropriate bacteriological swabs and suggest appropriate therapy.

12.5 VAGINAL DISCHARGE

The vagina of a hormonally active woman is moist, due to secretions from vaginal transudate and cervical mucus, and to a lesser extent from uterine secretion, fallopian tube secretion and Bartholin’s gland secretion.

The volume of this secretion that is accepted as normal by individual women covers a wide range. Excessive normal secretion (called leucorrhoea) is usually associated with staining of underclothes and vaginal odour due to the heat denaturation of the proteins in the secretions. The secretions are clear to white and range in consistency