

A new proposal in the approach of vulvovaginitis

Nova proposta de algoritmo para diagnóstico das vulvovaginites

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Dear Editors

Vulvovaginal complaints are the most frequent reasons for consulting a gynecologist. Its impact on quality of life is severe. Despite this, many professionals still insist on not recognizing the situation's complexity and treating these symptoms without the correct diagnosis, leading to the chronicity of the conditions and perpetuation of the symptoms^(1,2).

Auxiliary morphological methods for identifying the pathogens that cause vulvovaginitis have long been known, such as the examination of fresh and Gram-stained vaginal samples. However, in day-to-day primary care services, professionals give up the use of such tools for diagnostic elucidation, either due to a lack of knowledge or because basic things, like the microscope, were not available⁽²⁾. Another important point is the evaluation of vaginal pH as this method can predict the vaginal microbiome conditions⁽³⁾, but we have not observed its performance in the office as well.

In view of this situation, we who form the Brazilian Group of Vaginal Infections (GBIV) consider essential the establishment of an algorithm to assist gynecologists in managing the complaints associated with vulvovaginitis, considering different scenarios⁽⁴⁾. Based on guidelines, studies of various natures, and recommendations from medical associations, we created a flowchart that takes into account the most straightforward diagnostic approach, with the aid of pH measurement, clinical examination, microscopy of fresh and Gram-stained vaginal sample, and even the Papanicolaou test, to the most advanced ones, as diagnostic tests on multiplex platforms. Thus, following what the professional has at his/her disposal, he/she can seek the correct diagnosis of the disease and therefore make no mistake in therapy in order to reduce the number of chronic cases.

In general, we reviewed the causes of vulvovaginitis from the most frequent to the rarest, which pathogen is associated with, and which are the most appropriate methods to reach the diagnosis in a simple and coherent line of reasoning. In view of the confirmed diagnosis, we also presented the therapy in the form of a flowchart, considering the associated conditions and the possible persistence or chronicity of the condition.

We consider that physicians need to make decisions about countless and increasingly complex situations in different scenarios, and algorithms are helpful tools in decision-making. Undoubtedly, clinical history and physical examination are essential. However, in cases of vulvovaginitis, knowing how to take advantage of the auxiliary tools available can make a significant difference in the approach of the disease.

Participation of each author

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Conflict of interest

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REFERENCES

1. Carvalho N, Eleutério Júnior J, Travassos A, Bastos-Santana L, Espinosa-Miranda A. Brazilian protocol for sexually transmitted infections, 2020: infections causing vaginal discharge. *Epidemiol Serv Saude*. 2021;30:e2020593. <https://doi.org/10.1590/0037-8682-593-2020>
2. Vieira-Baptista P, Eleutério Júnior J. Diagnosis of vaginitis: time to improve and move on. *BJSST*. 2020;32:1-3. <https://doi.org/10.5327/DST-2177-8264-20203214>
3. Marconi C, El-Zein M, Ravel J, Ma B, Lima MD, Carvalho NS, et al. Characterization of the Vaginal microbiome in women of reproductive age from 5 regions in Brazil. *Sex Transm Dis*. 2020;47(8):562-9. <https://doi.org/10.1097/OLQ.0000000000001204>
4. Eleutério Júnior J, Campaner AB, Carvalho NS. Diagnosis and treatment of infectious vaginitis: Proposal for a new algorithm. *Front. Med*. 2023;10:1040072. <https://doi.org/10.3389/fmed.2023.1040072>

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