



EUROPEAN
ACADEMY OF
DERMATOLOGY &
VENEREOLOGY

Information Leaflet
for Patients

Vulvo-vaginal candidiasis (Thrush)



The aim of this leaflet

This leaflet has been written to help you understand more about vulvo-vaginal candidiasis. It will tell you what it is, what causes it, and what can be done.

Vulvo-vaginal candidiasis (Thrush)

What is vulvo-vaginal candidiasis?

Vulvo-vaginal candidiasis is a yeast infection of the vagina and vulva (inner and outer female genital area).

What causes vulvo-vaginal candidiasis?

Vulvo-vaginal candidiasis is usually caused by the yeast *Candida albicans*. Other *Candida* species are becoming increasingly more frequent causes of *Candida vulvitis*, but *Candida albicans* is responsible for over 85% of all yeast-induced *vulvo-vaginal* infections.

Is vulvovaginal candidiasis hereditary?

No, it is not.

What are the symptoms of vulvovaginal candidiasis?

Itching (*pruritus*) and increased vaginal discharge are the most typical symptoms. Other symptoms are variable: soreness and burning, painful sexual intercourse (*dyspareunia*), or discomfort passing urine (*dysuria*). These symptoms may also occur in other vaginal infections.

Candida vaginitis is more frequent during pregnancy, especially in the third trimester. Symptoms of *vaginitis* are the same during pregnancy, although many women have less severe symptoms.

What does vulvo-vaginal candidiasis look like?

Redness (*erythema*) of the vagina and vulva is common. In severe infections, a typical white, thick, sticky vaginal discharge is seen, but a discoloured discharge may also be present. Male partners may suffer from itching after sexual intercourse and may have tiny red spots and *pustules* (tiny white/yellow spots) on the *glans* penis (the rounded end of the penis).

How is the diagnosis made?

Examining a swab with a microscope allows confirmation of around 75% of troublesome yeast infections. If microscopy of fresh vaginal fluid is negative in a symptomatic patient, laboratory confirmation by culture is indicated.

Can vulvo-vaginal candidiasis be cured?

Yes, but in some women it can be a recurrent disease.

How should it be treated?

During pregnancy, topical treatment with miconazole or clotrimoxazole cream or suppositories is preferred and may need to be repeated several times. Preventive treatment may be necessary.

Oral anti-yeast treatments (such as fluconazole and itraconazole) should be used with caution during pregnancy. They should only be used in severe cases where topical treatments have failed, using the minimum dose possible; these treatments should be avoided in the first trimester.

Vulvo-vaginal candidiasis is not a sexually transmitted infection and the male partner does not need to be treated if he has no symptoms.

What can I do?

- Contact your clinician when you experience *vulvo-vaginal* itching and/or discharge.
- Use water and an emollient (moisturiser) soap substitute to clean the vulva (skin around your vaginal opening), but avoid cleaning this area more than once a day.

- Apply a greasier moisturiser to the skin around your vulva several times a day to protect it.
- Avoid potential irritants in perfumed soaps, shower gels, vaginal deodorants, wipes and douches.
- Avoid wearing tight-fitting underwear or tights – some women find that special silk underwear designed for people with eczema and thrush is helpful.
- Ensure your blood sugar level is kept under control, if you have diabetes.

While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own clinician will be able to advise in greater detail.