



VULVOVAGINAL DISORDERS

A PATHWAY TO DIAGNOSIS AND TREATMENT

TRICHOMONAS

What is *Trichomonas* infection (*trichomoniasis*) and how is it transmitted?

Trichomonas vaginalis is a microscopic, single-celled, protozoan parasite that infects people throughout the world. Infection with *Trichomonas* is called *trichomoniasis* (trick-oh-moe-nye-uh-sis). *Trichomoniasis* is one of the most common sexually transmitted infections, mainly causing symptoms in sexually active women. In North America, it is estimated that more than 8 million new cases are reported yearly.

The vagina is the most common site of infection in women, and the urethra (urine canal) is the most common site of infection in men. The parasite is sexually transmitted through penis-to-vagina intercourse or vulva-to-vulva (the genital area outside the vagina) contact with an infected partner. Women can acquire the disease from infected men or women, but men usually contract it only from infected women. Infection is more common in persons who have multiple sexual partners. A common misbelief is that infection can be spread by a toilet seat; this isn't likely, because the parasite cannot live long in the environment or on objects.

What are the signs and symptoms of infection?

Some people find out they have *trichomonas* **only** if their sexual partner tells them that they were exposed, while others have very noticeable symptoms which may include:

For Women: (symptoms usually appear in women within 5 to 28 days of exposure)

- foul smelling or frothy, green, vaginal discharge,
- vaginal itching or redness
- painful sexual intercourse,
- lower abdominal discomfort
- the urge to urinate frequently

For Men: (most men do not have symptoms, but if so they may include)

- burning with urination or ejaculation and/or
- penile discharge
- the urge to urinate frequently

How is *trichomoniasis* diagnosed?

For women this usually requires a pelvic exam to collect vaginal samples for examination. Diagnosis is most commonly made by viewing the parasite under a microscope. Sometimes it can be difficult to diagnose and a culture or other laboratory test may be performed to confirm the diagnosis. The lab results are available in 3-7 days. On occasion,



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presence of *trichomonas* parasites is detected in urine or in a Pap smear. However, suspected infection detected by a Pap smear should be confirmed by more specific diagnostic methods. For men, diagnosis is made by collecting specimens from the urethra or detecting parasite DNA in the urine.

How is *trichomoniasis* treated?

Trichomoniasis can usually be cured with prescription antibiotics, either **metronidazole (Flagyl)** or **tinidazole**, given by mouth in a single dose. The symptoms of *trichomoniasis* in infected men may disappear within a few weeks without treatment. However an infected man, with or without symptoms, can continue to infect or re-infect a female partner until he has been treated. Therefore, both a woman and her partner should be treated at the same time to eliminate the parasite. Persons being treated for *trichomoniasis* should avoid sex until they and their sex partners complete treatment and have no symptoms, which generally takes about a week.

Flagyl (metronidazole) is used to treat *trichomonas*- usually with a single dose. This antibiotic has a metallic taste. Alcohol must be avoided while you are on Flagyl. Sometimes women who take antibiotics such as Flagyl develop a yeast infection later. Vaginal forms of metronidazole are not adequate to treat trichomoniasis.

What are the complications of *trichomoniasis*?

If you have *trichomoniasis*, you are at risk for having other sexually transmitted infections (STIs) and should be tested. In addition, genital inflammation caused by *trichomoniasis* can increase a woman's susceptibility to HIV infection if she is exposed to the virus. Having *trichomoniasis* may increase the chance that an HIV-infected woman passes HIV to her sex partner(s).

How can I avoid getting infected with *trichomonas*?

You can avoid getting *trichomoniasis* or any STI by abstaining from sexual activity or by having sex only with a non-infected partner who only has sex with you. The risk of acquiring infection can be reduced by proper use of latex condoms and possibly by maintaining good vulvar hygiene. Limit your sexual partners. The more sex partners you have, the greater your risk of encountering someone who has this or other STIs. If you are infected, your sexual partner(s) should be treated to prevent reinfection. The body does not develop immunity to *trichomonas* and following successful treatment, people can still be susceptible to re-infection if exposed.

How does *trichomoniasis* affect a pregnant woman and her baby?

Pregnant women with *trichomoniasis* may have babies who are born early or with a dangerously low birth weight. Infants born to infected mothers may contract infection during delivery. Signs and symptoms in neonates may include fever, respiratory problems, urinary tract infection, nasal discharge, and/or vaginal discharge.



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How can a child get *trichomoniasis*?

Infants: If an infant is infected, it is possible that the mother spread infection during childbirth. The mother should be checked for infection. Young children: Because *trichomoniasis* is an STI, infection in a young child may indicate sexual abuse. Teenagers: Because *trichomoniasis* is an STI, infection in a teenager may indicate sexual activity or sexual abuse. In the last two cases an evaluation for other STIs is recommended.

How can I get more information?

- Ask your health care provider.
- Visit the HVMA website: <http://www.harvardvanguard.org/health-and-wellness>
- Call the American Social Health Association or CDC Info: 1-800-227-8922 or 1-800-CDC-INFO
- Visit the American Social Health Association website: <http://www.ashasexualhealth.org/>

Visit the CDC website: www.cdc.gov/STD/Trichomonas/STDFact-Trichomoniasis.htm