

white scanty vaginal discharge sometimes takes the form of white thrush-like plaques or cottage cheese–like curds adhering loosely to the vaginal epithelium. *C. albicans* accounts for nearly all cases of symptomatic vulvovaginal candidiasis, which probably arise from endogenous strains of *C. albicans* that have colonized the vagina or the intestinal tract. Complicated vulvovaginal candidiasis includes cases that recur four or more times per year; are unusually severe; are caused by non-*albicans Candida* species; or occur in women with uncontrolled diabetes, debilitation, immunosuppression, or pregnancy.

In addition to compatible clinical symptoms, the diagnosis of vulvovaginal candidiasis involves the demonstration of pseudohyphae or hyphae by microscopic examination of vaginal fluid mixed with saline or 10% KOH or subjected to Gram's staining. Microscopic examination is less sensitive than culture but correlates better with symptoms. Culture is typically reserved for cases that do not respond to standard first-line antimycotic agents and is undertaken to rule out imidazole or azole resistance (often associated with *Candida glabrata*) or before the initiation of suppressive antifungal therapy for recurrent disease.

TREATMENT

Vulvovaginal Pruritus, Burning, or Irritation

Symptoms and signs of vulvovaginal candidiasis warrant treatment, usually intravaginal administration of any of several imidazole antibiotics (e.g., miconazole or clotrimazole) for 3–7 days or of a single dose of oral fluconazole ([Table 136-5](#)). Over-the-counter marketing of such preparations has reduced the cost of care and made treatment more convenient for many women with recurrent yeast vulvovaginitis. However, most women who purchase these preparations do not have vulvovaginal candidiasis, whereas many have other vaginal infections that require different treatment.

Therefore, only women with classic symptoms of vulvar pruritus and a history of previous episodes of yeast vulvovaginitis documented by an experienced clinician should self-treat. Short-course topical intravaginal azole drugs are effective for the treatment of