

BACTERIAL VAGINOSIS IN INTRAUTERINE DEVICE USERS

THESIS

*Submitted in partial Fulfillment of Master
Degree in obstetric
and Gynecology*

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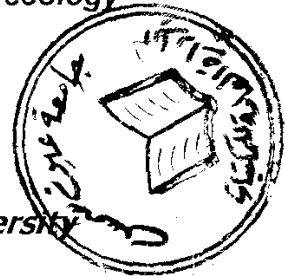
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INTRODUCTIONS

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obstetric and gynaecological clinic (*Hillier and Holmes et al, 1990*). It is common disorder that occurs among 35% of women attending sexually transmitted disease clinic 15% - 20% of pregnant women and 5% -15% of women attending gynaecological clinic. This vaginal syndrome may be the most important of the vaginal infections because of its recent association with serious upper genital tract infections. (*David et al., 1993*).

Improved culture techniques has aided in the detection of *Gardnerella vaginalis* in the vaginas of women who have a normal vaginal examination, where it is present in lower concentration than in women with non specific vaginitis, other culture techniques improved which increased the sensitivity of detection for other microbes particularly anaerobic and mycoplasma (*Gale et al., 1993*).

While bacterial vaginosis was considered by many physicians as harmless abnormality and treatment not recommended, the organisms

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Introduction

Bacterial vaginosis is a clinical syndrome: Caused by shift in the vaginal flora from lactobacillus flora to one characterized by higher concentrations of *Gardnella vaginalis*, *mycoplasma hominis* and anaerobic bacteria. (**Sharon et al., 1996**)

Bacterial vaginosis is currently the most prevalent infectious causes of vaginitis. The condition is characterized by a profuse, malodorous vaginal discharge but more than one half of patients with demonstrable signs have no symptoms (**Jessica et al., 1991**). Bacterial vaginosis is polymicrobial condition in which a decrease in vaginal acidity and concentration of lactobacilli is accompanied by an increase in the concentration of the microorganisms (**Hay et al., 1992**).

Bacterial vaginosis is the commonest causes of vaginal discharge occurring in women attending

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