

Introduction

Aetiology:

- **90% *Candida albicans***
- Rest non-albicans species e.g. *C.glabrata*, *C.parapsilosis*
- Predisposing factors include diabetes, antibiotic usage, pregnancy, immunosuppression
- **Not an STI**
- Asymptomatic carriage in 20% females and 30-40% of pregnant females

Symptoms and signs in women:

- Thick white lumpy vaginal discharge
- Vulval itching, pain
- Superficial dyspareunia, external dysuria
- Vulvitis, oedema, satellite lesions
- Vaginitis and cervicitis, white vaginal or cervical plaques

Symptoms and signs in men:

- Itching and discomfort of glans penis and prepuce
- Dyspareunia
- Erythematous rash glans penis and prepuce (balanoposthitis)
- White subpreputial discharge

Diagnosis

Clinical and mycological:

- **Mycological confirmation is recommended** as up to **50% of vulval irritation may be caused by other vulval** conditions including dermatoses and allergic or contact irritation

Tests

Female:

- **High vaginal** Transwab for culture

Male:

- **Transwab from glans penis** or **subpreputial** area for culture

Note: Positive culture must be correlated with symptoms and signs as *Candida* may be a commensal organism and is isolated in ~20% of healthy asymptomatic women

Management

General comments:

- Treatment of **asymptomatic** women with positive culture **is not necessary**
- Treatment of **asymptomatic** sexual contacts **is not necessary**

Female:

- ❖ **Topical imidazole** (intravaginal treatment essential)
- ❖ **Itraconazole 200mg bd po 1 day**
- ❖ **Fluconazole 150mg stat po**

Pregnant:

Asymptomatic colonisation with candida is higher in pregnancy-30-40%

- ❖ **Topical clotrimazole is the only treatment considered safe in pregnancy**

Note: *Itraconazole and fluconazole require specialist endorsement*

Male:

Balanoposthitis-inflammation involving glans penis and foreskin.

- ❖ **Treat with Topical imidazole**

Acute Candidiasis