

Introduction

Aetiology:

- **Trichomoniasis** is a sexually transmitted infection caused by the protozoan *Trichomonas vaginalis*
- It infects the **vagina and urethra in women** and the **urethra in men**
Transmitted via infected genital secretions

Symptoms:

- Incubation period about 5-28 days in women, 10 days in men
- Often **few or no symptoms or signs, especially in men**
- Symptoms – **profuse malodorous vaginal discharge +/- vulval soreness in women**, and **urethritis in men**

Signs - women:

- **Vulvitis, vaginitis, cervicitis**
- Profuse yellow frothy discharge
- pH >4.5

Signs - men:

- **Urethral discharge**

Complications:

- **Usually no complications**
- Transient mother to child transmission during delivery possible, but infection resolves spontaneously during neonatal period.
- Controversy regarding a **possible role in PID** – but not generally thought to be significant
- May be associated with increase in **perinatal complications** such as **post-LSCS infection, PROM, preterm birth – note data suggest that treatment in pregnancy does not necessarily improve perinatal morbidity**
- **Controversy** regarding a role in **prostatitis, epididymitis, and male infertility**
- **May enhance HIV transmission**

Tests

General:

- Tests generally perform poorly in men due to low numbers of organisms in urethra
- **If test results negative but high clinical suspicion – refer to a Specialist Sexual Health Service** for assessment.

Trichomoniasis

NOTE:

- The presence of trichomonads is sometimes reported on cervical smears. False positives can occur so this should be confirmed with culture.

Specimen collection

Female:

- High vaginal Transwab

Male:

- Urethral Transwab

Management

Female and Male:

- Metronidazole 2gms po stat
- Tinidazole or Ornidazole 1.5 – 2gm stat po
- Metronidazole 400mg bd po for 7 days achieves cure rate >90%

Pregnancy (including 1st trimester):

- Metronidazole 400mg bd po for 7 days

Breastfeeding

- Metronidazole 2gm po stat

Note:

- There is a high rate of co-infection with Chlamydia in those with a positive test for trichomonas so consider empiric treatment for this.

Contact tracing and management of sexual partners

- Sexual partners from the 2 months preceding onset of symptoms or diagnosis (or most recent partner if more than 2 months since last contact) require testing and treatment

Management of sexual partners:

- Perform a sexual health screen and treat empirically for Trichomoniasis

Test of Cure

- Not required unless symptoms persist
- Resistance to Metronidazole can occur. If treatment failure occurs without evidence of non-compliance or reinfection, refer to a Specialist Sexual Health Service.

Follow-up

- All patients should be followed up to ensure symptom resolution, compliance, and to check that sexual partners have been treated
- Repeat sexual health screen in 3 months

Referral guidelines

Referral to a Specialist Sexual Health Service is recommended for:

- Management of sexual partners if clinician wishes
- Treatment failure
- Negative tests in the context of high clinical suspicion

Trichomoniasis