Desquamative Inflammatory Vaginitis

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Desquamative inflammatory vaginitis (DIV) is an uncommon cause of purulent vaginitis in premenopausal women. DIV has also been called exudative vaginitis, hydronhea vaginalis, erosive vaginitis, or hemorrhagic vaginitis. DIV is thought to be an aerobic bacterial dominated syndrome caused by bacterial toxins although systematic etiologic studies have not been reported. Clinical, colposcopic, and cytological findings mimic those seen in women with trichomoniasis. However, DIV does not respond to treatment with nitroimidazoles. The diagnosis of DIV is based on clinical findings and findings on wet mount examination. Most common symptoms are frothy heavy discharge. Clinical examination reveals purulent vaginitis with patchy vaginal erythema (Fig. 1). Colposcopic examination shows multiple ecchymotic spots similar to those seen in trichomoniasis (colpitis macularis) (Fig. 2). Wet mount findings are diagnostic showing heavy coccoid bacterial flora, high number of polymorphonuclear leukocytes, and parabasal cells, but no clue cells (Fig. 3). Histopathologic examination of vaginal wall biopsy shows heavy inflammation of the stroma with capillary dilatation (Fig. 4). Most patients respond to treatment with topical clindamycin cream (2%). Bacterial vaginosis, atrophic vaginitis, or erosive lichen planus can cause differential diagnostic problems.