Systemic treatment of recurrent candidal vulvovaginitis by Itraconazole

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Summary: 20 women suffering from recurrent candidal vulvovaginitis were treated with Itraconazole, with a single oral dose of 200 mg/day administered after the main meal for three days. The diagnosis was obtained by microscope and culture tests, and check were made 7 and 30 days after completion of the treatment. The symptom score, assessed on the individual patients by means of the classic clinical parameters, showed a significant drop both at the first and second level checks. In our study, the culture tested negative in 75% of cases at the first check, and in 85% of cases at the second check. All patients completed the study without claiming any major side effects.

Key words: Candidal vulvovaginitis; Treatment.

INTRODUCTION

Since about 65% of women in the 25-50 age group are affected by candidal vulvovaginitis, and almost 50% of them report recurrent infections (3.4 episodes a year) (1) researchers have been striving for a long time to create a safe drug, featuring good complicity and effective coverage against distant recurrences. This resulted in the synthesis of a new broad-spectrum triazole antimymotic with a high degree of lipophylic affinity which gives the drug a remarkable affinity with organic tissues. Indeed, at the vulvovaginal level Itraconazole is able to exceed plasmatic concentrations, and also its half-life is longer than ketoconazole's (2,3,4); in comparison with the latter, Itracona-
surgery), 5 were taking estroprogestogen contraceptives, one carried an IUD, 2 were obese, suffering from diabetes and on insulin therapy. The diagnosis was reached by means of a fresh microscope examination and confirmed by specific culture tests.

Symptomatic partners were treated with the same therapeutic scheme. The follow-up of the patients included a first check one week after the completion of the treatment and a second check after one month. Response to therapy was assessed by means of a score from 0 to 2 (0 = absent; 1 = medium; 2 = intense) relevant to the symptoms detected and reported (leukoxanthorhoea, pruritus vulvae, vulvitis, vaginitis).

RESULTS

All patients treated with Itraconazole showed a significant regression of subjective symptoms and of physical clinical signs approximately after the fourth day from the start of therapy (average 4.2 days). In particular, 17 women (85%) at the time of their first check (after 7 days) reported the complete disappearance of pruritus vulvae, and 14 of leukorhoea (70%). When checked for the second time (after 30 days) 18 women (90%) reported no more pruritus vulvae and 17 declared that leukorrhea had stopped (85%) (fig. 1 and 2). The clinical signs of inflammation (vulvar and vaginal erythema) were no longer visible at the time of the first check on 16 women (80%) and in 19 (95%) at the time of the second check (fig. 3).

Finally, the microbiological and culture test was negative at the first-level check in 15 cases (75%) and at the second-level check in 17 cases (85%) (fig. 4). None of the women reported remarkable side-effects, so much so that all patients completed the course of therapy.

![Fig. 1. — Improvement of the symptom pattern after Itraconazole treatment at the dosage of 200 mg/day for 3 days.](image1)

![Fig. 2. — Improvement of the symptom pattern after Itraconazole treatment at the dosage of 200 mg/day for 3 days.](image2)
CONCLUSIONS

The numerous pharmacological and clinical experiences made have led us to consider Itraconazole a broad-spectrum antifungal agent with a high degree of lipophilic affinity and tolerability. Its therapeutic effectiveness is surely the most reassuring feature; and since in this particular instance it showed a global percentage of 85% in the culture negativity and of 85% in the clinical recovery, its values perfectly overlap with the figures of the numerous international trials (85-100% of treated patients).

REFERENCES


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