



# ARTICLE

## “ATROPHIC VAGINITIS”

DR. ANNELIZE GOEDBLOED

## Epidemiology

Incidence Approximately 40% of women in the postmenopausal years will experience some of the symptoms of atrophic vaginitis, however it is thought that only 20-25% of these will seek medical attention.<sup>2</sup> Atrophic vaginitis may also occur in pre-menopausal women who are taking anti-oestrogenic treatments such as Tamoxifen, or who have had radiation therapy, chemotherapy, or previous oophorectomy.

Atrophic vaginitis describes a condition which is common in postmenopausal women due to the falling levels of oestrogen. During the reproductive years, the vaginal epithelium thickens under the influence of oestrogen and produces glycogen. The glycogen rich cells as they die provide food for Döderleins bacilli which in turn produce lactic acid maintaining an acidic vaginal environment. After the menopause, with the decline in oestrogen and glycogen levels, the pH of the vagina rises and there is a proliferation of connective tissue, hyalinization of collagen and fragmentation of elastin.<sup>1</sup> The resulting thinning of the epithelium together with the fall in pH may result in infections, fissures and ulceration i.e. atrophic vaginitis.

Presentation Many women will be found to have atrophic vaginitis as an incidental finding during the taking of a cervical smear, but others may present with symptoms such as:

- Dyspareunia
- White or yellow discharge
- Lack of vaginal secretions
- Burning or itching of the vagina or vulva
- Candidal infections
- Problems with sexual intercourse and associated distress
- Post coital spotting.
- Differential Diagnosis

The differential diagnosis should include vaginal infections e.g. bacterial vaginosis, trichomonas. Candidal infections may occur for other for other reasons e.g. diabetes. Local irritation from other sources e.g. soap, panty liners, spermicides, condoms etc. The use of biological washing powder and tight fitting clothes such as jeans may produce similar symptoms. Investigations Full history with particular attention to menstrual history, drug history and past medical history.

Vaginal examination- vagina will appear smooth and shiny, may be some contact bleeding or small fissures. Narrowing of the introitus may be present making full examination difficult and uncomfortable.

In post-menopausal women, no other investigation is usually required, although dip-stick testing of urine may be performed as a routine measure to rule out diabetes. In pre-menopausal women, serum hormone levels and cervical smear may help to confirm the diagnosis.

## Management

**Non-Drug** The use of vaginal lubricants, particularly during sexual intercourse is of help to the majority of sufferers.

Women should be encouraged to continue with sexual activity as this has been shown to encourage vaginal elasticity and lubrication of the vagina. Women who continue in sexual activity have less evidence of stenosis and vaginal shrinkage in comparison with sexually inactive women and report fewer symptoms of vaginitis.<sup>4</sup>

**Drugs** Atrophic vaginitis occurs as a result of falling oestrogen levels, replacing oestrogen, either locally or systemically will result in an improvement in the vaginal epithelium and a reduction in symptoms. Oestrogen replacement may be given either as part of systemic hormone replacement therapy, or topically in the form of oestrogen creams, pessaries or a hormone releasing ring, depending on whether or not other symptoms of the menopause are present.<sup>5</sup> Topical oestrogen preparations have the advantage of using lower overall doses of oestrogen, however the smallest dose possible to alleviate symptoms should be used for short periods of time only. The risks of using long term topical oestrogen therapy, or repeated cycles of therapy are not known with any certainty and therefore the need for continued treatment should be regularly assessed with treatment free intervals. If long term treatment with topical oestrogens is required, endometrial hyperplasia may occur and consideration should be given to the additional use of progesterone.

## References

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