

Pattern of Vaginitis Among Intrauterine Contraceptive Device Users in Ibadan, South-Western Nigeria

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BACKGROUND: IUD-related vaginitis is reported to be four times more common in IUD users than in non IUD users. The significance of IUD-related vaginitis is not very clear and consensus about its management yet to be reached. Its aetiology also varies with geographical location and type of IUD used. Concerns raised about IUD-related vaginitis are that it may increase the risk of pelvic inflammatory disease (PID) and sexually transmitted diseases (STI) for the IUD users and persistent concerns may be a reason for discontinuation of the IUD. This study aims to investigate the pattern and aetiology of IUD-related vaginitis in IUD users at the University College Hospital Ibadan, South-Western Nigeria.

METHODOLOGY: A descriptive cross-sectional study of a cohort IUD users was conducted between the 1st of October, 2008 and 31st of May 2009 at the family planning clinic of the University College Hospital, Ibadan. 24 IUD users with abnormal vaginal discharge were studied. High Vaginal Swabs were taken from the clients for microbiology, culture and drug sensitivity test. Diagnosis of bacterial vaginosis was made based on gram stained vaginal smear using the standard Nugents criteria.²⁶ Other aetiological agents were identified either on wet preparation or culture using standard techniques. Treatment given was by the family planning nurse, as was the protocol at the family planning clinic.

DATA: Data collected was using a proforma to include information about their socio-demographic characteristics, type and duration of IUD being used and results of microbiological studies. Data entry and analysis were done using SPSS 15(Statistical Package for Social Sciences) software by generation of frequency tables, chi-square test and logistic regression model.

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FINDINGS/MAJOR OUTCOMES: 24 IUD users present at the family planning clinic with vaginal discharge were studied. Their ages ranged 28-51 years(38.14+/-5.9 years). Mean parity was 4.4+/-1.4. All the women were married and all used CuT 380A. The mean duration of IUCD use was 2.5 years only. Majority (46%) had used it for more than 3 years and most (75%) of the visits were unscheduled. All the clients complained of abnormal vaginal discharge which was copious, watery and foul smelling, or clumpy. 9 users (37.5%) complained of pruritus vulvae, 3 users (12.5%) lower abdominal pain, 1 user (4.2%) dyspareunia and 1(4.2%) dysuria. The diagnosis of bacterial vaginosis was made in 16 (66.7%) and vaginal candidiasis in 8(33.3%). Age less than 40 years, Christianity and IUD use more than 3years were associated with a higher risk of bacterial vaginosis OR 1.29, 1.67 and 6.6 respectively, while women above 40 years, Muslims and women with lower educational status had a higher risk of candida-related vaginitis OR 1.67 and 4.2 respectively. 8 clients (33.3%) were treated for candidiasis with antifungals (3 empirically, and 5 after obtaining results of vaginal swab), 9(37.5%) were given oral metronidazole, 3 patients were referred to the gynaecological emergency unit on account of abdominal pain and 4 did not return for follow up.

LESSONS LEARNED/KNOWLEDGE CONTRIBUTION: IUD associated vaginitis is a disturbing condition causing unscheduled visits among IUD users. Bacterial vaginosis and *Candidia albicans* are major aetiological factors in south western Nigeria Ibadan. Persistent discharge is a documented reason for discontinuation of IUD use. Periodic empirical treatment for candidiasis and bacterial vaginosis with antifungal and oral metronidazole is suggested as a standard of care especially in developing countries. This may reduce the discomfort caused by IUD-related vaginitis, possibly the risk of PID and other risks exposed to the IUD users and ensure continued use of the IUD.

KEYWORDS : Intrauterine devices, vaginitis, contraception, Ibadan, Nigeria.

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