

## ROLE OF TRICHOMONADOSIS IN INFLAMMATORY CONDITIONS OF THE VAGINA

by

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**Abstract.** Frequent occurrence of trichomonadosis in the urogenital system of women, as well as particular predisposition to disturbances of biological equilibrium in the vagina, bringing about additional bacterial infections, call for adequate bacteriological researches. This research has been carried out in order to observe the behaviour of bacterial flora in women with trichomonadosis.

Analyses involved 1130 women sent in for bacteriological examination by dermatologists and gynecologists in 1974. The patients were not selected, and the main disease reported by all of them was itching of the external urogenital organs and discharge accompanying the inflammatory condition of the vagina.

Swabs taken from the vagina were estimated in direct preparation and in culture. The cultures were laid out on Roiron and Sabouraud media, as well as on special medium for *Trichomonas vaginalis* culture produced by Serum and Vaccine Plant „Biomed” and by Difco (Kupferberg *Trichomonas* Base). The bacterial flora of the vagina, accompanying trichomonadosis, was examined using the material from cultures stained with Gram's method.

*T. vaginalis* was found in 224 patients (20%). The age of the patients ranged from 2 to 82 years, the highest number of infections having occurred in the age of 15 to 40 years.

*T. vaginalis* was detected in direct preparation and in culture. In cases of chronic trichomonadosis there were made additional cultures of urine.

Simultaneous infection of urinary and genital tracts with trichomonads was found in 7.1% patients.

Trichomonadosis was accompanied by following morphological groups of bacteria: G (-) bacilli, Coccidia, Streptococci and Doderlein's bacilli, and less frequently bacilli, Tetracocci, Staphylococci and Sarcina. Additional infection with *Neisseria gonorrhoeae* was found in 6.7% patients with trichomonadosis.

By means of cultures on Sabouraud's medium and on agar-agar with rice, the presence of *Candida albicans* was detected in 10% patients with trichomonadosis.

These results suggest that *T. vaginalis* does not appear without accompanying bacterial flora, can coexist with blastomycetic infection and gonorrhoea, the latter being the cause of chronic course of trichomonadosis.

## UDZIAŁ RZĘSISTKOWICY W STANACH ZAPALNYCH POCHWY

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U 1130 kobiet (12-82 lat) z zapaleniem pochwy badano, stosując metody preparatu bezpośredniego i posiewu, wydzielinę pobraną z pochwy i ujścia zewnętrznego cewki moczowej. Posiewy zakładano na podłożach: Roiron, Sabouraud oraz podłożu do hodowli *T. vaginalis* produkcji „Biomed” i „Difco”.

*T. vaginalis* został stwierdzony u 20% pacjentek, równocześnie zakażenie dróg moczowych i płciowych rzęsistkiem występowało u 7,1% badanych. Rzęsistkowicy towarzyszyły najliczniej pałeczki Gram-ujemne, ziarniaki, paciorkowce, mniej licznie laseczniki, tetrakoki, gronkowce i pakietowce. U 6,7% badanych, obok rzęsistkowicy, stwierdzono *N. gonorrhoeae*, a w 10% przypadków *C. albicans*.

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