

SEXUALLY TRANSMITTED INFECTIONS (STIS) CAUSING VAGINAL DISCHARGE AND RELATED RISK BEHAVIOURS AMONG WOMEN ATTENDING THE GYNAECOLOGY CLINICS IN THE MUNICIPALITY OF COLOMBO, SRI LANKA

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Background:

Vaginal discharge is a subjective symptom, but could be very distressful when perceived as abnormal. It is one of the commonest symptoms that females suffer with across the globe. Sexually transmitted infections (STIs) such as *Neisseria gonorrhoeae*, *Chlamydia trachomatis* and *Trichomonas vaginalis* remain as important aetiologies, need to be considered among the women presenting with vaginal discharge. This study was designed to determine the STIs causing vaginal discharge and related risk behaviours among women attending the Gynaecology clinics in the Municipality of Colombo.

Methods:

A descriptive cross sectional study was conducted among 386 females attending Castle Street Hospital for Women (CSHW) and De-Soysa Hospital for Women (DSHW) with abnormal vaginal discharge. Data was collected using an interviewer administered questionnaire, an observational checklist and data extraction sheets.

Results:

Mean age of the sample was 39.2 years. Majority complained of whitish (59.6%) and odorless (60.4%) vaginal discharge. More than 90% had another symptom associated with vaginal discharge, and among them lower abdominal pain was the commonest (69.9%). The prevalence of chlamydia infection was 3.1% among the participants but no gonococcal or trichomonas infections were detected. There was significant association of the presence of chlamydia infection with using condoms at the last sexual exposure, history of previous treatment for this episode of vaginal discharge and cervical contact bleeding on examination, but no association with > 30 pus cells/hpf in the gram stained cervical smear.

Conclusion:

Chlamydia infection was present in 3.1% of the sample and presence of CT infection was significantly associated with using condoms at last sexual exposure, history of previous treatment for vaginal discharge and presence of cervical contact bleeding. Using presence of > 30 pus cells/hpf in the gram stained cervical smear is not a good tool in diagnosing chlamydia cervicitis. It is recommended to introduce NAAT to diagnose chlamydia infection.

Disclosure of Interest Statement:

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