

Comprehensive Vaginosis Profile

While common, diagnosis of vaginal infections by symptoms alone is not reliable. Properly identifying the cause is critical to successfully treating the infection. Based on a self-collected sample, the Comprehensive Vaginosis Profile differentiates between bacterial vaginosis, vulvovaginal candidiasis and *Trichomonas vaginalis* (a sexually transmitted parasite) to guide effective treatment. A bacterial vaginosis score based upon the Nugent Scoring System is provided. Antimicrobial susceptibility testing to prescriptive and natural agents is also performed for appropriate bacterial and fungal species at no additional charge.

Turnaround Time

6 to 8 days

Analytes Tested

Analyte	CPT	ABN Required
Bacteriology, vaginal swab	87070	No
Gram stain, vaginal swab	87205	No
<i>Trichomonas</i> culture, vaginal swab	87070	No
Yeast culture, vaginal swab	87102	No

This test is useful for

- Vaginal Discomfort
- Vaginal Discharge
- Persistent Yeast Infection

Detailed Information

Symptoms of vaginitis may be responsible for 10% of all visits by women to their healthcare practitioners. Typical symptoms include vaginal discomfort, itching, burning, discolored malodorous discharge and sometimes pain.

The three general categories of vaginitis are hormonal imbalance, irritation and infection. Of these, infectious vaginitis is the most common in women of reproductive age and is usually a result of alterations in the vaginal microflora. One of the major causes of infectious vaginitis is bacterial vaginosis and, although bacterial vaginosis may be an antecedent to vaginitis, this disorder is often underestimated since 50% of women with bacterial vaginosis are asymptomatic.

Bacterial vaginosis, distinct from bacterial vaginitis, is not necessarily an inflammatory process but the bacterial constituents that may be responsible for a bacterial vaginosis are capable of causing serious infections. Instead of the normal predominance of Lactobacillus bacteria, increased numbers of anaerobic organisms (*Gardnerella vaginalis*, *Mobiluncus*, *Mycoplasma hominis*, *Prevotella* and *Peptostreptococcus*) may be found in vaginal secretions of women with bacterial vaginosis.

Vulvovaginal candidiasis, another condition often responsible for symptoms of vaginitis, is the nomenclature designated for specific vaginal yeast infection. Although the exact causes of bacterial vaginosis or vulvovaginal candidiasis are not clear, the probable causes may be related to changes in the microfloral environment which result in abnormal proliferation of harmful bacteria or yeast. The microfloral balance may be disrupted by any combination of poor diet, poor hygiene, toxic bowel, overuse of antibiotics, abnormal menstrual flow, use of corticosteroids or oral contraceptives, pregnancy, sexual contact, douching, use of perfumed soaps or deodorant sprays or use of an intrauterine contraceptive device. Bacterial vaginosis can increase a woman's susceptibility to sexually transmitted diseases, including *Trichomonas* infection. Other associated complications may include upper genital urinary tract infection, preterm delivery and postoperative pelvic infections.

Diagnosis of vaginal infections by symptoms alone, or self-diagnosis with use of over-the-counter products, are common practices but can result in misdiagnosis and treatment failure. Identification of factors which might upset vaginal microflora balance, as well as finding the causative organism, are crucial to diagnosing and treating the infection.

Facilitated by Gram staining, specimens are carefully examined microscopically for the presence of curved and small Gram-negative bacteria, lactobacilli, yeast, clue cells and red and white blood cells. Clue cells are the most specific confirmatory criterion for a diagnosis of bacterial vaginosis and the presence of white blood cells indicates the degree of inflammation. Eosinophils are often present in allergic vaginitis.

Trichomonas vaginalis is a pathogenic parasite (flagellate) that is acquired by sexual contact. Males with *Trichomonas* infection are usually asymptomatic and women are likely reinfected if all sexual partners are not treated. It is estimated that worldwide there are 180 million cases of trichomoniasis each year, including about five million cases in women in the United States. Incidence is likely higher because trichomoniasis is currently not a reportable disease. Culture of vaginal secretions is considered the gold-standard method for diagnosis of trichomoniasis.

Samples are cultured for yeast overgrowth and dysbiotic bacteria, as well as normal vaginal bacteria (*Lactobacillus* spp). Antimicrobial susceptibility testing to prescriptive and natural agents is also performed for appropriate bacterial and fungal species at no additional charge.

Gastrointestinal complaints are among the most common reasons that patients seek medical care. Symptoms associated with GI disorders include persistent diarrhea, constipation, bloating, indigestion, irritable bowel syndrome and malabsorption. The Comprehensive Stool Analysis can help assess digestive and absorptive functions, the presence of opportunistic pathogens and to monitor the efficacy of therapeutic remediation of GI disorders. Antimicrobial susceptibility testing to prescriptive and natural agents is also performed for appropriate bacterial and fungal species at no additional charge.