

# Acute Candidiasis

## Introduction

### Aetiology

- **90% Candida albicans**
- Rest non-albicans species, e.g. *C.glabrata*, *C.parapsilosis*
- Predisposing factors include diabetes, antibiotic usage, pregnancy, immunosuppression
- **Not an STI**

### Symptoms and Signs in Women

- Thick white lumpy vaginal discharge
- Vulval itching, pain
- Superficial dyspareunia, external dysuria
- Vulvitis, oedema, satellite lesions
- Vaginitis and cervicitis, white vaginal or cervical plaques

### Symptoms and Signs in Men

- Itching and discomfort of glans penis and prepuce
- Dyspareunia
- Erythematous rash glans penis and prepuce
- White subpreputial discharge

## Diagnosis

- Clinical **and** mycological
- **Mycological confirmation is recommended** as up to **50% of vulval irritation may be caused by other vulval conditions** including dermatoses and allergic or contact irritation

## Tests

### Female

- **High vaginal** transport medium swab for culture

### Male

- **Transwab from glans penis** or **subpreputial** area for culture

**Note:** Positive culture must be correlated with symptoms and signs as Candida may be a commensal organism and is isolated in ~20% of healthy asymptomatic women.

## Management

### General Comments

- Treatment of **asymptomatic** women with positive culture **is not necessary**
- Treatment of **asymptomatic** sexual contacts **is not necessary**

### Female

- **Topical imidazole** (intravaginal treatment recommended)
- **Itraconazole 200mg bd po 1 day**
- **Fluconazole 150mg stat po**

### Pregnant

- **Topical clotrimazole only.** The pharmaceutical manufacturers recommend the use of pessaries without an applicator in pregnant women. Oral antifungal treatments should not be used

**Note:** Itraconazole and fluconazole require specialist endorsement but stat doses are available over the counter.

### Male

- **Topical imidazole**