

Trichomoniasis

Introduction

Aetiology

- Trichomoniasis is a sexually transmitted infection caused by the protozoan **Trichomonas vaginalis**
- It infects the **vagina and urethra in women** and the **urethra in men**
- Transmitted via infected genital secretions

Symptoms

- Incubation period about 5-28 days in women, 10 days in men
- Often **few or no symptoms or signs, especially in men**
- Symptoms – profuse malodorous vaginal discharge +/- vulval soreness in women, and urethritis in men

Signs - Women

- Vulvitis, vaginitis, cervicitis
- Profuse yellow frothy discharge
- pH >4.5

Signs - Men

- Urethral discharge

Complications

- **Usually no complications**
- Transient mother to child transmission during delivery possible, but infection resolves spontaneously during neonatal period.
- Controversy regarding a **possible role in PID** – but not generally thought to be significant
- May be associated with increase in **perinatal complications** such as post-LSCS infection, PROM, preterm birth
- Controversy regarding a role in prostatitis, epididymitis, and male infertility

Tests

General

- Tests generally perform poorly in men due to low numbers of organisms in urethra
- If test results negative but high clinical suspicion – refer to a Specialist Sexual Health Service for assessment

Note: The presence of trichomonads is sometimes reported on cervical smears. This is an unreliable method of diagnosis and should be confirmed with culture.

Check local laboratory for available tests and that a wet prep needs to be read promptly because of trichomonads fragility.

Specimen collection

Female

- High vaginal swab

Male

- Urethral swab

Management

Female and Male

- **Metronidazole 2gms po stat**
- **Tinidazole or Ornidazole 1.5 – 2gm stat po**
- **Metronidazole 400mg bd po for 7 days** achieves cure rate >90%

Pregnancy (including 1st trimester)

- **Metronidazole 400mg bd po for 7 days**

Breastfeeding

- **Metronidazole 2gm po stat but refrain from breast feeding for 24 hours, OR**
- **Metronidazole 400mg bd po for 7 days**

Note: There is a high rate of co-infection with Chlamydia in those with a positive test for trichomonas so consider empiric treatment for this.

Contact Tracing and Management of Sexual Partners

Contact tracing

- **Sexual partners** from the 2 months preceding onset of symptoms or diagnosis (**or most recent partner if more than 2 months since last contact**) require testing and treatment

Management of sexual partners

- **Perform a sexual health screen and treat empirically** for Trichomoniasis

Test of Cure

- **Not required** unless symptoms persist
- Resistance to Metronidazole can occur. If treatment failure occurs without evidence of non-compliance or reinfection, refer to a Specialist Sexual Health Service.

Follow-up

- All patients should be followed up to ensure symptom resolution, compliance, and to check that sexual partners have been treated

Referral Guidelines

Referral to a Specialist Sexual Health Service is recommended for:

- Management of sexual partners if clinician wishes
- Treatment failure
- Negative tests in the context of high clinical suspicion