

THE EFFECT OF SEXUAL INTERCOURSE ON VAGINAL COLONISATION WITH CANDIDA

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Background:

Is vulvovaginal candidiasis (VVC) sexually transmitted?

YES: Concordance of *Candida* spp. between women and their partners (Schmid et al. 1993)

YES: Successful treatment of male partner. (Sobel 1985)

NO: Male partner treatment unsuccessful (Buch & Christensen 1985)

NO: Most partners of women with VVC have no penile colonisation with *Candida* spp. (O'Connor & Sobel 1985)

NO: No association between sexual intercourse and VVC in case-control study.

(Geiger & Foxman 1996)

NO: VVC common in women before sexual debut.

EXPERT CONSENSUS
Most studies have failed to show that treatment of male partner has significant effect on VVC

Methods:

Secondary analysis of data from Randomised Controlled Trial (Watson et al. 2014)

- Fifty nine participants who were culture positive for *Candida* spp. self-collected daily vaginal swabs during the two weeks before menstruation.
- They kept a daily diary and recorded incidence of sexual intercourse as well as abnormal vaginal symptoms.
- Swabs were analysed for quantitative colony counts of candida before and after sexual intercourse.

Results:

Do colonisation levels rise after sexual intercourse?

In 14 episodes of sexual intercourse in 59 women:

Colony Forming Unit (CFU) count **HIGHER** Day 0-2 following sexual intercourse N=50

CFU count **LOWER** Day 0-2 following sexual intercourse N= 56

CFU count **THE SAME, OR REMAINED CULTURE NEGATIVE** on Day 0-2 following sexual intercourse N= 42

Conclusions:

another piece of the puzzle

No evidence that colonisation levels of candida rise following sexual intercourse. Friction or hormonal influences may affect host response to candida colonisation, affecting symptoms of VVC. Women experiencing symptoms of VVC after sexual intercourse may be advised to use methods to relieve discomfort, including use of lubricants, gentle and slow intercourse, application of post-coital ice packs.

Bibliography

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