

Desquamative Inflammatory Vaginitis

Desquamative inflammatory vaginitis (DIV) is a rarely diagnosed and poorly understood cause of vulvovaginal irritation and discharge. This condition is probably more common than we think, but it is often confused with infections. There are also very few studies and very little scientific information on the causes of DIV. It is not dangerous, it is not contagious, and it is not a sign of underlying more serious diseases.

DIV sometimes only causes abnormal discharge, but for some women, they develop redness, irritation, itching, or burning of the vulva. Sometimes, this can make penetrative sex painful. This condition is seen in women of all ages post-puberty.

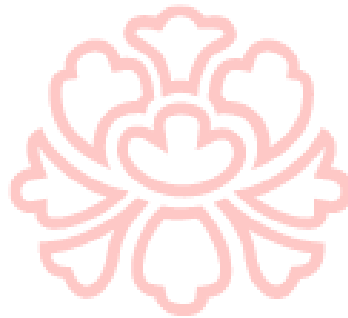
Although DIV can feel like a vaginal infection, it is not an infection in the traditional sense. DIV likely represents an overlap between imbalance in the normal ecosystem of the vagina combined with an overactive immune system. This combination results in “desquamation” or shedding of the vaginal tissues that results in the abnormal discharge. The redness, itching, irritation, and burning, is then a result of the abnormal discharge.

DIV is a “diagnosis of exclusion” meaning that first we have to make sure there is not an infection (such as yeast) or specific inflammation (such as lichen planus) causing the symptoms. The criteria for DIV diagnosis includes elevated pH, absence of the normal bacteria called Lactobacilli, increased white blood cells in the discharge, and absence of the typically associated “infectious organisms” on culture. Occasionally, a culture shows bacteria called group B streptococcus, but Group B strep is normal in many women, and it is unrelated to a strep throat or “flesh-eating strep.” Often times, we will treat for group B strep to see if this improves the bacterial balance.

DIV is treated with either hydrocortisone suppositories or clindamycin cream. Cortisone is very effective for inflammation, and although clindamycin cream is an antibiotic, it also is useful for inflammation even in the absence of infection. For example, clindamycin is used for acne, another inflammatory skin problem that is not caused by an infection.

Sometimes, we use both medications together to treat DIV. Occasionally, this treatment cures DIV, but more often, a cortisone or clindamycin has to be used either off and on, or once or twice a week to control

the symptoms of DIV. DIV does sometimes go away on its own, but more often than not it is controlled, not cured.



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