Review: vaginal signs and symptoms perform poorly in diagnosing vaginal candidiasis, bacterial vaginosis, and vaginal trichomoniasis

Anderson MR, Klink K, Cochrane A. Evaluation of vaginal complaints. *JAMA* 2004;**291**:1368–79.

Clinical impact ratings GP/FP/Primary care ★★★★★☆ Emergency medicine ★★★★★☆☆ Infectious diseases ★★★★★☆☆

Q In patients with vaginitis, how do individual symptoms, physical examination signs, and laboratory tests perform in diagnosing vaginal candidiasis (VC), bacterial vaginosis (BV), and vaginal trichomoniasis (VT)?

METHODS

Data sources: studies were identified by searching Medline (1966–April 2003), hand searching the most recent *American College of Obstetricians and Gynecologists Technical Bulletin*, and scanning bibliographies of relevant studies.

Study selection and assessment: studies were selected if they included symptomatic patients in primary care or sexually transmitted disease clinics, compared a diagnostic test with a recognised gold standard, calculated sensitivity and specificity, and discussed tests that would provide diagnostic information during the office visit. Gold standard tests for VC, BV, and VT included a positive culture or identification of yeast by microscopy, the Amsel criteria (3 of a thin, homogeneous vaginal discharge, clue cells, positive whiff test, and vaginal pH level >4.5), and a positive culture, respectively. Studies were assessed for methodological quality using a 3 level scale (level 1 = highest quality).

Outcomes: sensitivity, specificity, and likelihood ratios.

MAIN RESULTS

18 articles met the selection criteria. The quality of the studies ranged from level 2 to 3. The test characteristics of individual symptoms and physical examination signs are in the table. Laboratory tests performed better than signs and symptoms in diagnosing VC, BV, and VT (table).

CONCLUSIONS

In patients with vaginitis, individual symptoms and physical examination signs do not perform well in diagnosing vaginal candidiasis, bacterial vaginosis, and vaginal trichomoniasis. Laboratory tests perform better for diagnosing these conditions.

Abstract and commentary appear in ACP Journal Club.

Test characteristics of symptoms, signs, and laboratory tests for diagnosing vaginal candidiasis (VC), bacterial vaginosis (BV), and vaginal trichomoniasis (VT)*

Tests		Diagnosis	Sensitivity	Specificity	+LR	–LR
Individual symptoms						
Cheesy discharge		VC	65%	73%	2.4	0.48
Odour		BV	97%	40%	1.6	0.07
Itching		VC	27%	92%	3.3	0.79
Redness		VC	28%	86%	2.0	0.84
External dysuria		VC	33%	85%	2.2	0.79
Previous yeast infection		VC	35%	90%	3.3	0.72
Physical examination signs						
White, curdy discharge		VC	16%	97%	6.1	0.86
Yellow discharge		BV	60%	85%	4.1	0.46
Yellow discharge		VT	89%	93%	14	0.12
Moderate discharge		BV	62%	75%	2.5	0.5
Profuse discharge		BV	4%	99%	3.0	0.98
High cheese odour		BV	78%	75%	3.2	0.30
Redness or oedema		VT	18%	97%	6.4	0.85
Any inflammation		VC	46%	78%	2.1	0.69
Laboratory						
Normal pH level (<4.9)		VC	71%	90%	7.2	0.32
Gram stain		VC	65%	100%	31	0.36
Bacilli with corkscrew motility		BV	65%	100%	44	0.36
Positive whiff test		VT	67%	65%	1.9	0.51
Wet mount		VT	67%	100%	100	0.34

*Diagnostic terms defined in glossary.

Commentary

Common, non-life-threatening problems are often the least studied areas of medicine, despite the overall burden of disease that they cause. At last, we are beginning to accumulate evidence to guide diagnosis and management in these areas. The review by Anderson *et al* presents a summary of the available evidence on the accuracy of the symptoms, signs, and office laboratory tests for diagnosing vaginal complaints.

With the exception of white curdy discharge, which helps to rule in the diagnosis of VC; yellow discharge, which can indicate the presence of either BV or VT; and redness or oedema, which can also indicate VT, these symptoms and signs are only moderately helpful in determining whether a patient has any of these vaginal conditions. The absence of symptoms and signs is even less helpful in ruling out disease, with only the absence of odour or yellow discharge ruling out BV. Office laboratory tests perform better because they rule in the disease if they are positive, but they do not rule out the disease if they are negative. Furthermore, many clinicians do not have the skills, time, or equipment to use these tests.

Several questions remain after reading this review: Could there be combinations of symptoms and signs that might better rule in or rule out the diagnosis? How does this information combine with more definitive testing, such as culture of a high vaginal swab? What is the treatment threshold for these conditions? Might it be better to treat on clinical suspicion, and test only those patients who fail a course of treatment? Primary care gynaecology requires more research to guide clinical decision making in this area.

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