

YEAST INFECTION (CANDIDIASIS)

INTRODUCTION

Candidiasis is an infection caused by a species of the yeast *Candida*, usually *Candida albicans*. This is a common cause of vaginal infections in women. Also, *Candida* may cause mouth infections in people with reduced immune function, or in patients taking certain antibiotics. *Candida* can be found in virtually all normal people but causes problems in only a fraction. In recent years, however, several serious categories of candidiasis have become more common, due to overuse of antibiotics, the rise of AIDS, the increase in organ transplantations, and the use of invasive devices (catheters, artificial joints and valves)—all of which increase a patient's susceptibility to infection.

Most women with vaginal candidiasis experience severe vaginal itching. They also have a discharge that often looks like cottage cheese and has a sweet or bread-like odor. The vulva and vagina can be red, swollen, and painful. Sexual intercourse can also be painful.

TREATMENT

In most cases, vaginal candidiasis can be treated successfully with a variety of over-the-counter antifungal creams or suppositories. These include Monistat, Gyne-Lotrimin, and Mycelex. However, infections often recur. If a woman has frequent recurrences, she should consult her doctor about prescription drugs such as Vagistat-1, Diflucan, and others.

PREVENTION

Because *Candida* is part of the normal group of microorganisms that co-exist with all people, it is impossible to avoid contact with it. Good vaginal and oral hygiene might reduce problems, but they are not guarantees. Because hospital-acquired (nosocomial) deep organ candidiasis is on the rise, people need to be made aware of it. Patients should be sure that catheters are properly maintained and used for the shortest possible time length.



The frequency, length, and scope of antibiotic treatment should also be cut back.

TRANSMISSION

Antibiotic use - yeast infections are common in women who take antibiotics. Broad-spectrum antibiotics, which kill a range of bacteria, also kill healthy bacteria in your vagina, leading to overgrowth of yeast organisms.

Increased estrogen levels - yeast infections are more common in women with an increased estrogen level. This can include women who are pregnant, or those who are taking high-dose estrogen birth control pills or estrogen hormone therapy.

Uncontrolled diabetes - women with diabetes who have poorly controlled blood sugar levels are at greater risk of yeast infections than women with well-controlled diabetes.

Impaired immune system - women with lowered immunity, such as from corticosteroid therapy or HIV infection, are more likely to get yeast infections.

Sexual activity - although yeast infections aren't considered sexually transmitted infections, sexual contact can spread the *Candida* fungus.

INDICATIONS FOR TESTING: A vaginal discharge that can be thick and white like cottage cheese, along with itching, burning, redness and swelling, and painful sexual intercourse

CAUSE: Infection by one or more species of yeast in the female genital tract.

PATHOGENS TESTED: Candida albicans, Candida dubliniensis, Candida glabrata, Candida krusei, Candida lusitanae, Candida parapsilosis, and Candida tropicalis.

METHODOLOGY: Retrogen's Laboratory methodology uses the TaqMan® genotyping assay with PCR and allelic specific primer extension (ARMS) to identify the pathogens present in vaginal swabs.

ANALYTICAL SENSITIVITY AND SPECIFICITY: 99 percent.

ORDERING

Test ID: #8004

Turn-around Time: 24-48 hours

Preferred Specimen: Vaginal swab.

[Click Here for Specimen Collection and Shipping](#)

BILLING

CPT Codes: 87481x4

Billing Information: [LINK TO BILLING INFO ON WEBSITE](#)

WEB RESOURCES

Mayo Clinic Staff (Updated 2012 February 25). Vagina: What's normal, what's not.

<http://www.mayoclinic.com/health/vagina/MY01913/METHOD=print> through <http://www.mayoclinic.com>. Accessed March 2013.

Gore, H. (Updated 2011 October 27). Vaginitis. <http://emedicine.medscape.com/article/257141-overview> through <http://emedicine.medscape.com>.

Samra-Latif, O. (Updated 2012 January 13). Vulvovaginitis. <http://emedicine.medscape.com/article/270872-overview> through <http://emedicine.medscape.com>. Accessed March 2013.

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Amsel R, Totten PA, Spiegel CA, et al. Nonspecific vaginitis: Diagnostic criteria and microbial and epidemiologic associations. Am J Med 74(1):14-22, 1983.

Verstraelen H, Verhelsy R. Bacterial vaginosis: An update on diagnosis and treatment. Expert Rev Anti Infect Ther 7(9):1109-1124, 2009.

Spiegel C, Amsel R, Holmes K. Diagnosis of bacterial vaginosis by direct gram stain of vaginal fluid. J. Clin. Microbiol. July 1983 vol. 18 no. 1, 170-177.