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BRIEF COMMUNICATION

Short-term therapy for mixed vaginal infections

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Three infectious diseases are reported most frequently; vaginal candidiasis, bacterial vaginosis, and vaginal trichomoniasis. However, concurrent infections caused by two of these pathogens, named mixed cervical—vaginal infection (MCVI), have been identified in 38% [1]. At the National Institute of Perinatology, the mixed vaginal infections represent the third cause of visits in adults and in teenagers [2]. Oral therapies have been used to treat vaginal candidiasis: fluconazole and itraconazole. There are treatments from a 1-day single dose, one daily dose for 3 days, or a single dose a day for 10 days. Likewise, metronidazole, clindamicine, secnidazole and tinidazole are effective in the management of trichomoniasis and bacterial vaginosis [3,4].

This study compared the effectiveness of an oral fluconazole plus tinidazole (Afumix, Senosiain Laboratories, Mexico) formulation bid 1 day with secnidazole plus itraconazole, (Sporasec, Janssen-Cilag Laboratories, Mexico) bid for 3 days, in the treatment of MCVI, evaluated by clinical healing and microbial eradication. The compliance level in each therapy was studied to determine failure percentage associated to compliance.

From August 2003 until July 2004, 60 patients with clinical and microbiologic diagnosis of MCVI were studied. Diagnosis was made on fresh test, Amsel criteria, and cultures. All patients signed an informed consent form. Patients were randomized into two groups of 30 patients each. Group A received fluconazole 150 mg plus tinidazole 2 g p.o. in 2 tablets bid for 1 day and group B received secnidazole, 166.66 mg, plus itraconazole, 33.3 mg, p.o. 2 capsules bid for 3 days. Remission, microbial eradication, and therapeutic success or failure were determined. A descriptive analysis and Chi square test were performed in order to evaluate the differences between treatments. The significance level was <0.05. Patients' mean age was 33.5 ± 7 years; 26 of 30 (86.6%) patients in group A had microbiologic and clinical cure, compared with 23

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of 28 (82.1%) patients in group B who experienced therapeutic success. Proportion differences resulted in $p = 0.43$. In both groups, statistical analysis showed no significant difference ($p = 0.43$).

In both groups, patients showed a good compliance level, and no statistically significant difference. Thus, the new formulation of fluconazole plus tinidazole for 1-day therapy is a good alternative to treat MCVI and oral schedule for 1 day ensures patient compliance.

References

[1] Azzam WM, Cermeno JR, Orellan Y, Penna SJ. Vulvovaginitis caused by *Candida* ssp. and *Trichomonas vaginalis* in sexually active women. Invest Clin 2002;43:3–13.

[2] Villagrana-Zesati JR, Simon L, Lira J, Suarez PC, Guerra F, Ortiz FJ, et al. Etiology of the sexually transmitted diseases in adolescents. Enferm Infecc Microbiol 2001;21:69.

[3] Ekgren J, Norling BK, Degree M, Midtvedt T. Comparison of tinidazole given as a single dose and on 2 consecutive days for the treatment of nonspecific bacterial vaginosis. Gynecol Obstet Invest 1988;26:313–7.

[4] Perry CM, Whittington R, McTavish D. Fluconazole an update of its antimicrobial activity, pharmacokinetic properties and therapeutic use in vaginal candidiasis. Drugs Jun 1995;49(6): 984–1006.