Management of Vulvo-Vaginal Candidiasis

Isolated episode

Underlying or secondary dermatitis is common, therefore recommend avoidance of potential irritants e.g. soaps and wipes. Suggest daily use of an emollient such as emulsifying ointment as a soap substitute.

Signpost to the British Association of Dermatologists Patient Information Leaflet Care of Vulval Skin

Treatment

- Fluconazole 150 mg p.o. single dose.
  If pregnant, risk of pregnancy, breast-feeding or risk of drug interactions, avoid fluconazole and give
- Single 500mg clotrimazole intra-vaginal pessary or
- 3 x 200mg clotrimazole intra-vaginal pessaries on consecutive nights
  Consider 1% hydrocortisone ointment for vulval symptoms.

If severe vulvitis, e.g. oedema or fissuring, repeat treatment (oral fluconazole or pessary) on day 4.

Recurrent VVC

Defined as four or more self-reported episodes per year with at least two confirmed as Candida by microscopy or culture.

Treatment

- Fluconazole 150mg p.o. once daily for 3 days, followed by fluconazole 150 mg once weekly for 6 months, or
- Clotrimazole pessary 500mg once daily for 3-14 days according to response, followed by clotrimazole pessary 500mg once weekly for 6 months
  If relapsing between doses, consider twice weekly dosing of either regimen above.

Following completion of maintenance therapy, treat occasional recurrences episodically. Re-commence maintenance regimen if more frequent (i.e. 4 or more over 12 months).

Recurrent VVC with poor/partial response to therapy

Send high vaginal swab for speciation and sensitivities and refer to sexual health service.