



View from Rochers de Naye above Montreux, Switzerland

PIC QUESTION OF THE WEEK: 1/18/10

Q: What are the recommended treatment options for yeast infections during pregnancy?

A: Vulvovaginal candidiasis (VVC), commonly referred to as a *vaginal yeast infection*, affects the majority of women at least once in their lifetime. VVC is caused by the overgrowth of yeast cells in the vaginal mucosa. *Candida albicans* is the most commonly implicated species accounting for up to 90% of all cases. Some factors that contribute to the development of yeast infections include the use of antibiotics, hormone replacement therapy, uncontrolled diabetes, excessive weight, and the wearing of tight clothing. Although not life-threatening, VVC can lead to a myriad of uncomfortable symptoms such as severe itching, vaginal discharge, red and irritated skin, and painful urination. While these infections are very common in women of child-bearing age, they are especially prevalent in pregnant females. This is most likely due to the increase in estrogen levels and higher amount of glycogen found in vaginal secretions during pregnancy. The recommended treatment for mild infection includes topical antifungal agents and corticosteroids. Topical azole antifungals are considered first line therapy during pregnancy because there is little systemic absorption of these drugs and minimal risk to the fetus. Examples include medications such as miconazole (Monistat, etc), clotrimazole (Gyne-Lotrimin, etc.), and tioconazole (Vagistat). The recommended duration of treatment is seven days as this provides an improved rate of success compared to shorter lengths of therapy. Other advantages to using topical over-the-counter antifungals are convenience and availability without a prescription. Oral antifungals such as fluconazole (Diflucan, etc.) are designated as second line therapy and available only by prescription. They should be reserved for the treatment of moderate to severe infection. There have been reports of increased risk of teratogenic effects with high doses (≥ 400 mg/d), especially when used in early pregnancy. The drug is rated as Pregnancy Category C by the FDA and probably should be avoided in *early* pregnancy. Low-dose topical corticosteroids also relieve the symptoms associated with VVC and are considered safe during pregnancy. In summary, topical antifungal agents and corticosteroids are generally effective for the treatment of VVC during pregnancy and are not known to produce adverse effects in the developing fetus.

References:

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