

# Non-cancerous diseases of the vagina

The vagina is rarely the site of primary disease. It is more often affected secondary due to the metastatic spread of tumors or infection from adjacent structures. **Non-cancerous diseases of the vagina** include congenital anomalies of the vagina and inflammation of the vagina (vaginitis).

## Congenital anomalies

Congenital anomalies include vaginal *aplasia*, vaginal septum (*vagina septa*), double vagina (*vagina duplex*) or congenital ductal *Gartner's duct* (ductus longitudinalis Gartneri - arising on the basis of the present persistent embryonic Wolf's duct).



Trichomonad vaginitis

## Inflammation of the vagina (vaginitis, colpitis)

Inflammation of the vagina is a relatively common process. It is characterized by the formation of a whitish mucus vaginal discharge (leukorrhea) caused by bacteria, fungi or parasites. Many of these organisms can, by their action, cause the resulting blockage of the mouth of the glands in the transformation zone and thus form small cysts (*Nabothi ovules*) lined with mucus-forming epithelium. The situation results in an inflammatory infiltration of the transformation zone with other consequences such as a disruption of the balance of the pH environment and a change in the composition of the natural microflora of the vagina.

## Inflammation of the cervix (cervicitis)

Cervical inflammation is a very common problem for women. It is associated with mucopurulent to purulent vaginal discharge. Inflammation of the cervix is divided into **infectious** and **non-infectious**. During a cytological examination, it is not easy to distinguish these types, because bacteria are always present in the vagina. In the microbial picture of the vagina we find original bacteria and partly vaginal aerobes, anaerobes, streptococci, staphylococci, enterococci and *E. coli*. In addition, the bacterium *Chlamydia trachomatis* (diagnosed in up to 40% of cases), *Ureaplasma urealyticum*, *Trichomonas vaginalis*, *Candida* yeast, *Neisserii gonorrhoeae*, possibly the *HSV-2* virus and one or more types of *HPV*. Many of these organisms are sexually transmitted (STD).

## Morfology

Non-specific inflammation of the cervix can be **acute** or **chronic**. Gonococcal infection causes **acute specific inflammation**. Other relatively uncommon **acute nonspecific inflammations** that affect women after childbirth are caused by *staphylococci* or *streptococci*. **Chronic** forms of inflammation are caused by non-specific bacteria, we refer to the condition as so-called **non-specific cervicitis**. **Specific** forms of inflammation are caused by specific agents, such as *HSV-2* with typical herpetic ulcerative lesions, and changes caused by *Chlamydia trachomatis*. Chronic cervicitis is not uniformly defined, but shows chronic signs of inflammation and epithelial regeneration in most fertile women. The cervical epithelium may be hyperplastic or show reactive changes. These changes occur both in squamous and cylindrical epithelium, which can undergo squamous metaplasia and transition to squamous cell epithelium.

## Clinical picture

Differentiation of microorganisms present in the effluent must be always carried out as accurately as possible. If it is a severe inflammation, reactive changes may resemble carcinomatous lesions, which must be differentiated by colposcopy.

## Links

### Related articles

- The originators of infections of the female genital tract
- *Trichomonas vaginalis*

### References

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- NEČAS, Emanuel, et al. *Patologická fyziologie orgánových systémů : Část II.* 1. edition. Praha : Karolinum, 2003. 380 pp. ISBN 80-246-0674-7.
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