Results

RESULTS

Among the 200 pregnant women examined, 64 (32%) gave a positive evidence for candidiasis (Table [4]).

No. of patients		Study	group	
	+ve	8	-ve	de de
200	64	32	136	68

This table shows that the incidence of positive Monilia as detected by cytological methods was 32% in our Egyptian antenatal clinic pregnant females.

Of these 64 positive cases, 60 were positive by methylene blue stained smear, 54 were positive by wet smear and 52 were positive by ink stained smear (Table [5]).

Methods				Incid	ence	
diagnosis	+ve	8	-ve	*	Total	*
Meth.Blue	60	93.80	4	6.25	64	100.0
Wet Smear	54	84.37	10	15.62	64	100.0
Ink Smear	52	81.25	12	18.75	64	100.0

There was no statistically significant difference between the validity of the 3 stains in detecting positive cases for moniliasis (P > 0.05).

Among the 64 positive cases, 51 were diagnosed by all the three methods of diagnosis. Nine cases were positive by methylene blue stained smear and negative by the other two methods. Three cases were positive by wet smear and negative by the other two methods, and one case was positive by ink stained smear and negative by the other two methods (Table [6]).

Positive	_						oy ink	+ve by the three methods		
cases	No.	8	No.	8	NO.	8	No.	\$		
64	9	14.06	3	4.68	1	1.56	51	79.68		

Among the 64 positive cases with clinical candidiasis, only 3 cases showed a positive abnormal glucose tolerance test, while among 64 control cases with no clinical evidence of moniliasis, only 1 case showed an abnormal glucose tolerance test, a statistically insignificant difference (Table [7]).

Cases	No. of cases	No. of cases with abnormal
+ve candidiasis	64	3 (4.7 %)
-ve candidiasis	64	1 (1.6 %)

Important clinical data in patients proved to be positive for candidiasis were as follows:

* Age : (Table [8]).

Age		+ve			
90	No.	8	No.	8	Total
Below 20 yr.	12	24.48	37	75.51	49
21 - 40 yrs.	50	35.71	90	64.28	140
above 40 yrs.	2	18.18	9	81.81	11
Total	64		136		200

 $X^2 = 2.12$

P> 0.05

This means that, age had no effect in the incidence of candidiasis in our study.

* Parity : (Table [9]).

	Positi	ve Cases	Negati	Total	
Parity	No.	8	No.	8	
P _o	9	34.61 31.42	17 46	65.38 68.57	26 140
1-4 p 5+ Grand multi para.	11	32.35	23	67.64	34

 $X^2 = 0.112$

P > 0.05

This means that parity had no effects on the incidence of candidiasis in our study.

* Symptoms : This is shown in table [10].

Symptoms	Total number	Those +ve	for Cand.	% to total +ve		
Symptoms	of patients	No.	8	for cand. (64).		
Pruritus Discharge Dysuria Dyspareunia	77 62 19 31	39 26 5 7	50.64 41.93 26.31 22.58	60.94 40.62 7.81 10.93		

This table shows that the commonest symptom was pruritus followed by discharge, dysuria and dyspareunia.

* pH. changes in the vaginal discharge is in table [11].

+ve		pH. measurement										
	3 4			4 5 6		5	7		8			
Cases	No.	8	No.	8	No.	8	No.	8	No.	*	No.	8
64	13	20.31	24	37.5	14	21.87	8	12.5	3	4.68	2	3.12

$$pH \ 4 : X^2 = 27.87$$
 $P < 0.001$

This table shows that, there was a statistically more number of cases of vaginal candidiasis at a vaginal pH. of $4 \ (P< 0.001)$.