SUMMARY AND CONCLUSION

Three hundred, successive women of the same socioeconomic class(low class) attending the outpatient clinic
of Kafer El-Sheikh general hospital were investigated
for vaginal infection by gynaecological clinical examination and microscopic examination of the vaginal
discharge.

Women were divided into three groups, each group containing 100 women. The first group included women wearing plastic (Lippes) loops. The second group included women wearing copper T₂₀₀ IUD_s. The third group included women who were not wearing intrauterine contraceptive devices (control group).

This work was done to study the type, incidence and symptomatology of vaginal infection especially N.S.V., Menilial vaginitis and trichomonal vaginitis in association with the plastic loop and copper T_{200} devices.

We found that the incidence of vaginitis among all women (300) was 64.7%. Vaginitis among the control group was 59% and among women with IUD_s was 67.5% (P>0.05). Vaginitis among women wearing copper T_{200} IUD_s was 66% and among those wearing plastic loops was 69% (P>0.05).

On studying the different types of vaginitis namely;

Haemophilus vaginalis vaginitis, Monilial vaginitis and Trichomonal vaginalis vaginitis with IUD_g , we found that N.S.V. occurred in 29.3% of all women (300). It was found in 26% of the control group, in 31% women wearing IUD_g (P>0.05). It was found in 30% of women wearing copper $-T_{200}$ IUD and in 32% of women wearing lippes loop (P>0.05). Haemophilus vaginalis vaginitis accounted for 45.4 of all cases of vaginitis.

Monilial vaginitis occured in 17.3% of all women (300). It was found in 16% in the control group and in 18% of women wearing IUD_g (P>0.05). It was found in 18% of women wearing copper- T_{200} IUD and in 18% of women wearing lippes loop (P>0.05). Monilial vaginitis accounted for 26.8% of all cases of vaginitis.

Trichomonal vaginitis was found in 14.3% of all women (300). It was found in 14% of the control group and in 14.5 in women wearing IUD_s (P > 0.05). It was found in 14% of women wearing copper- T_{200} IUD and in 15% of those wearing lippes loop (P > 0.05). Trichomonal vaginitis accounted for 22.2% of all cases of vaginitis.

Mixed vaginitis accounted for 5.6% of all cases of vaginitis. Our study showed that the incidence of vaginitis among women with and without IUD had no

significant relation to the age of the patient nor to her parity and nor to the duration of IVD_g .

The study of the vaginal discharge showed that the PH value in cases of N.S.V. ranged from 5 to 5.5, in cases of T.V.V., it ranged from 5 to 6.5 and in monilial vaginitis it ranged from 4 to 4.5. The PH. value of the normal vaginal discharge ranged from 4 to 4.5 All the above values of vaginal PH. were statistically significant (P < 0.05) regarding each type of vaginitis.

Regarding the symptoms and signs of different types of vaginitis, we found that pruritus vulvae, vaginal discharge, dysuria and dyspareunia, in this order of frequency were the main symptoms in monilial vaginitis. Offensive vaginal discharge, pruritus vulvae, dyspareunia and dysuria, in this order of frequency were the main symptoms of trichomonal vaginitis. Bad odor vaginal discharge, burning sensation, dyspareunia and dysuria, in this order of frequency were the main symptoms of N.S.V.

We found that the presence of IUD, whether plastic or copper-containing did not appear to affect the PH value of the vaginal secretion, nor increase or decrease the incidence of N.S.V., trichomonal nor monilial infections whatever the duration of IUD, retention.

We concluded that:-

- 1- The usage of the intrauterine contraceptive devices does not affect the incidence of vaginitis.
- 2- Neither the intrauterine contraceptive device nor its types affect various types of vaginitis especially nonspecific vaginitis, monilial vaginitis and trichomonal vaginitis as we studied.
- 3- The duration of usage of the intrauterine device does not affect the incidence of vaginitis.

Also, we concluded that IUD can be used with safety without fear of the commenst types of vaginitis mainly N.S.V., T.V.V and monilial vaginitis.