Summary

The present study was undertaken to establish the prevalence of Candida species in different categories of women, including healthy women as a control, women with leucorrhea, pregnant women, women taking contraceptive pills and diabetic women; with documentation of the possible predisposing factors, leading to vaginal candidiasis. The work also included the effect of different available antimycotic drugs on the isolated candida.

Eighty women were chosen from Banha and Tanta University Hospitals and constituted the bulk of this work. Vaginal swabs were taken from the posterior fornix then cultured on suitable media and the isolated candida species were identified, according to their morphological, biological and biochemical patterns.

The results of this study have shown that candida was isolated in 45% of the studied cases. The prevalance of candida in the control healthy group was 12.5%, in women with leucorrhea (40.9%), in pregnant women(56.2%), in contraceptive pills users (61.1%) and in diabetic women(62.5%). Such results confirmed other reported data, that pregnancy, diabetes and contraceptive pills administration are predisposing factors for vaginal candidiasis.

Four types of candia could be identified in this study, C.albicans represented the major isolated type (86.1%), then C.stellatoidea in (5.6%), C.glabrate in

(5.6%), while C.tropicalis represented only (2.7%) of the isolated candida.

The antimycotic sensitivity tests showed that Nystatin was recorded as the most effective anticandidal drug. It was highly effective in 55.6% of cases, moderately or weakly effective in 41.7% and not effective in only 2.7%. Memcostan was the next effective drug, it was highly effective in 50% of cases, moderately or weakly effective in 41.7%. Amphotericin B had also shown a good anticandidal effect. It was highly effective in 47.3% of cases, moderately or weakly effective in 44.4%. Griseofulvin had the least effective power on the isolated candida, it failed to produce any effect on 22.2% of the studied strains.