

SUMMARY AND CONCLUSIONS

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Vulvo vaginal candidiasis has become one of the most trouble forms of vaginitis because it is frequently a recurrent problem. The reasons that some persons present with repeated episodes of vaginitis and other forms of mucocutaneous candidiasis are not clearly known although precipitating events are recognised. These include pregnancy, oral combined contraceptions, diabetes mellitus, use of tight restricted clothing and use of antibiotics (Sobel, 1982). Nevertheless most women with recurrent vulvovaginal candidiasis have no identifiable risk factor (Sobel, 1985).

The infectivity of Candida albicans and most other fungi, however, is thought to be superssed predominantly by cellualr immunity rather than the circulating antibodies (Valdimarsson et al., 1973). Recent evidence suggests that recurrence of vaginal candidiasis can arise as a sequence of a transient and loclized inhibition of cell-mediated immunnity (Witkin, 1987).

This work was done to study the evaluation of T-cell function in recurrent vaginal candidiasis in pregnant and non pregnant women. One hundred cases in the fertile period

of life (45 pregnant and 55 non pregnant) with an age ranging from (25-45 years) were selected from Benha University Hospital, Gynaecological Out Patient Clinic, they were all complaining of recurrent vaginal discharge and vaginitis. In addition twenty women of the same age group served as control group. Vaginal swabs were obtained from all cases, and cultured on Sabouraud's dextrose agar plates, they showed growth within 2-3 days after incubation at 37 °C. Among the 45 pregnant female examined, 40 (88.9%) gave a positive culture for candidiasis and among 55 non pregnant female examined 40 (72.7%) gave a positive culture for vaginal candidiasis and the control female gave a negative evidence for vaginal candidiasis. The growth was confirmed as Candida albicans by the germ tube test and chlamydospore formation.

Blood were obtained from each case for immunological study which performed by lymphocyte transformation test to evaluate the effect of recurrent vaginal candidiasis on the T-cell function in both pregnant and non pregnant women.

The analysis of the results showed that the incidence of vaginal candidiasis was high in the age group between 25 and 34 years among both pregnant and non-pregnant women and this was not statistically significant. The disease was most

common among gravida 4-5 in both pregnant and non-pregnant women and in the third trimester (51.5%). The commonest symptoms of recurrent vaginal candidiasis in both group was itching, discharge, dyspareunia, soreness and dysuria. In the pregnant women (40 cases) the percentage of lymphocyte transformation to blast cell was lowest (13.5%), and in the non pregnant women (40 cases) the percentage of lymphocyte transformation to blast cell was lower (48.4%). If compared with the control group (20 cases) where the lymphocyte transformation to blast cell was (80.10%).

The study revealed that recurrent vulvovaginal candidiasis was associated with significantly low T-lymphocyte transformation % into blast cell in both pregnant and non pregnant women.