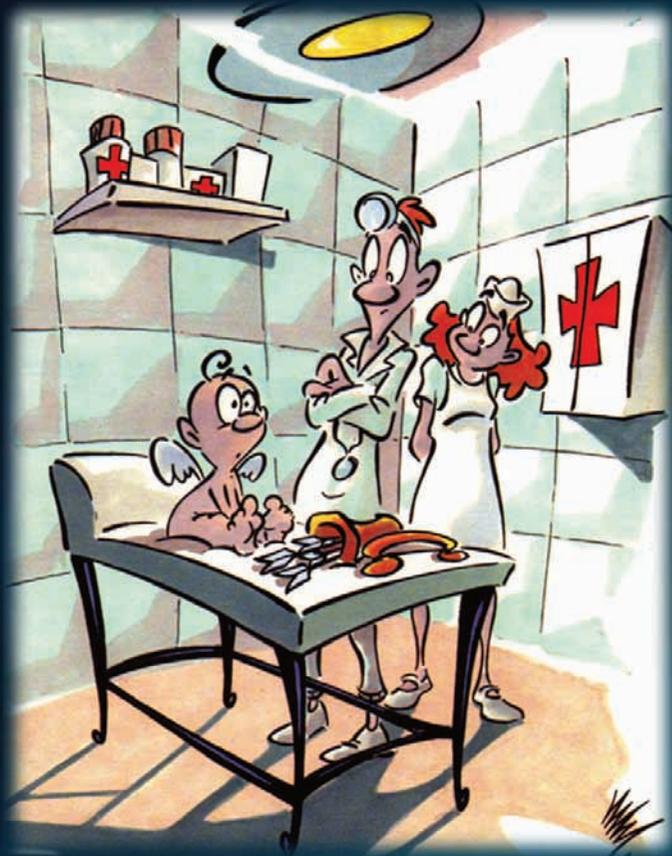


Direct
Microscopy
in Cervico-



Vaginal **Infections**

G. MINIELLO



Cervico-vaginal
infections
represent the
most common
reason of
gynecological consultation

Isolation of the
infecting organisms
is considered as



the clearest method

of establishing aetiology

and susceptibility to antibiotics

Many **organisms**

can not be

identified with the

use of **culture**-based

techniques



Thus, **culture-**
based data,



though still informative,
must be interpreted within
the limits of the technology

Culture is

not the only

way in which

investigators can contribute

to an understanding

of infectious process





In our current practice
wet mount or **direct**
microscopy is usually
performed as an
extension of the daily
gynecologic checkup, in order to
obtain more complete information

A **wet prep** can provide immediate information about:

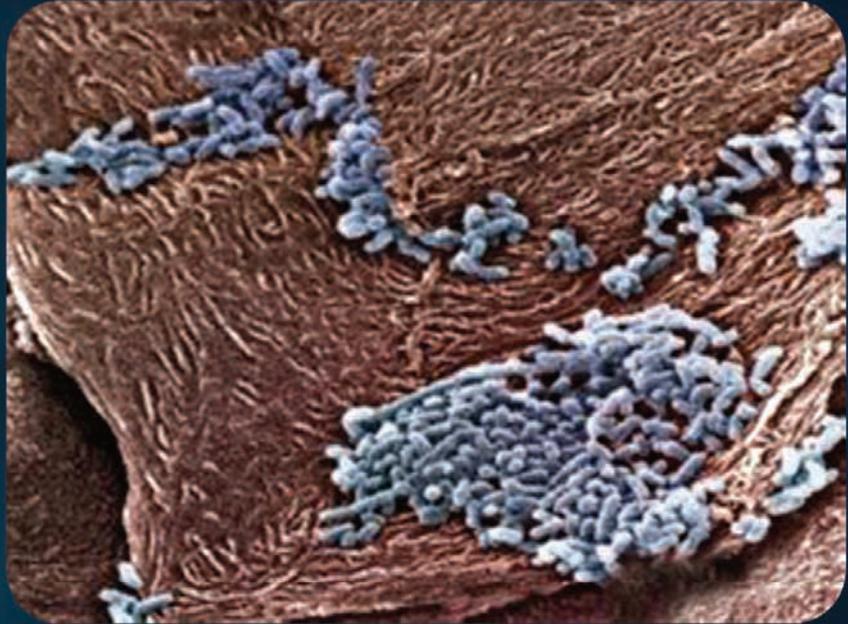
- ✓ **hormone** status
- ✓ stages of **metaplastic** process
- ✓ cervico-vaginal **microbiology**
- ✓ **cell changes** induced by pathogens
- ✓ cell-mediated **immunity**
- ✓ presence of **atypical** cells

WET MOUNTS

- ✓ Cervico-vaginal wet mount
- ✓ Cutaneous wet mount
- ✓ Urinary wet mount
- ✓ Buccal wet mount
- ✓ Rectal wet mount

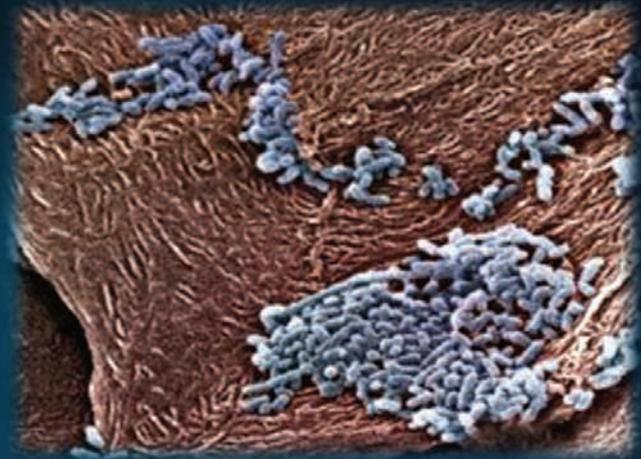
Bacterial

vaginosis



Bacterial

vaginosis is



the **most frequently**

found pathology of the

female genital tract

Bacterial Vaginosis
(40%-50%)



Trichomoniasis
(15%-20%)

Candidiasis
(20%-25%)

Bacterial vaginosis
is a polymicrobial
disorder caused by
an **imbalance** of vaginal
microbial flora

Diminished levels

of *Lactobacillus*

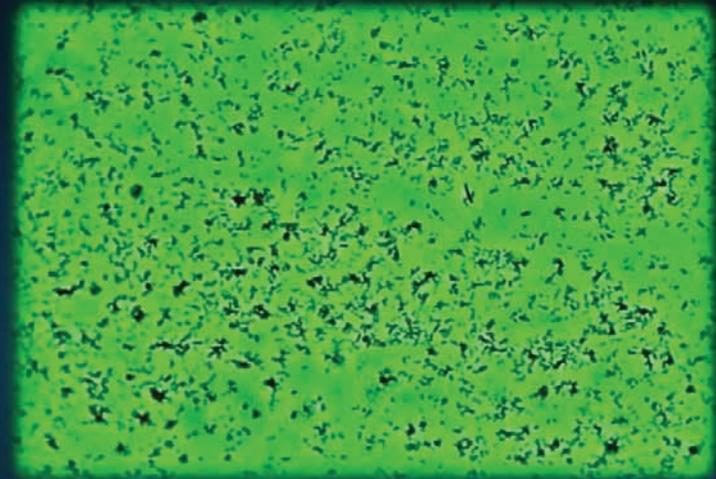
are associated

with overgrowth

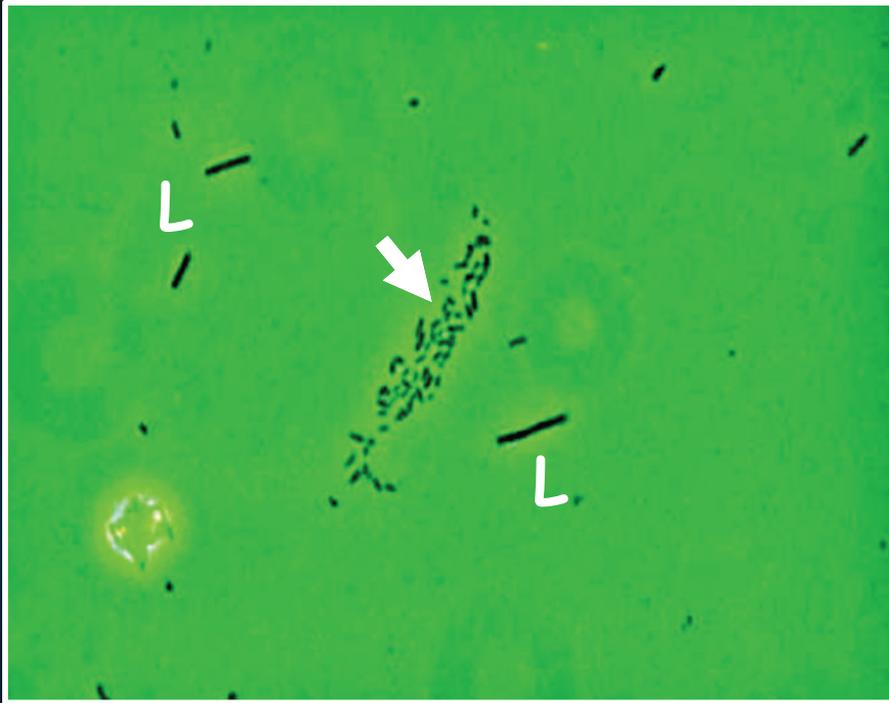
of *anaerobes*, particularly

Gardnerella, *Prevotella* and

Peptostreptococcus species

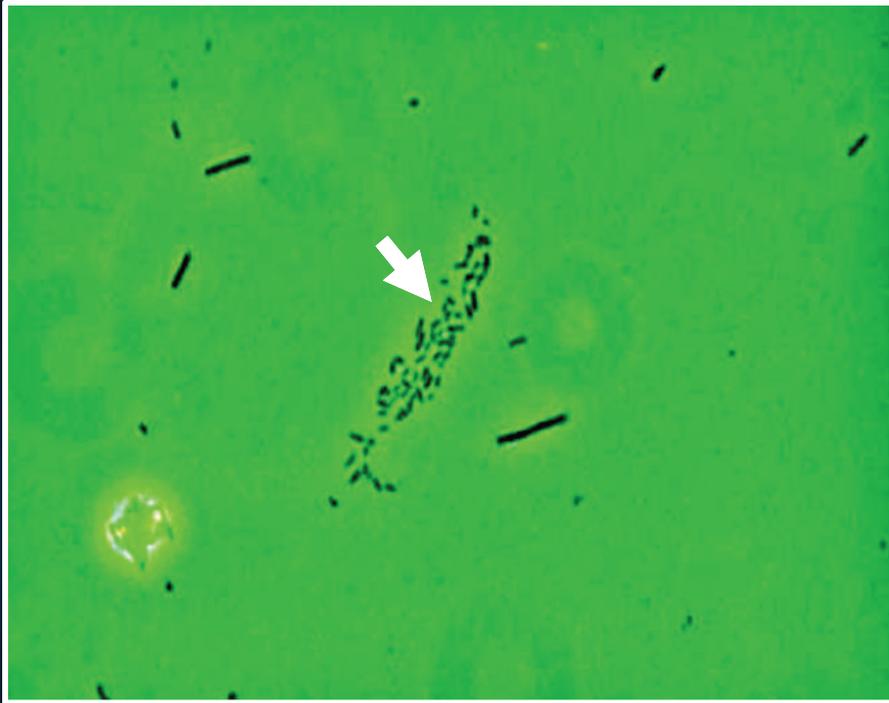


Lactobacilli are replaced
by other anaerobic
organisms, normally
found in small amounts
in the vagina

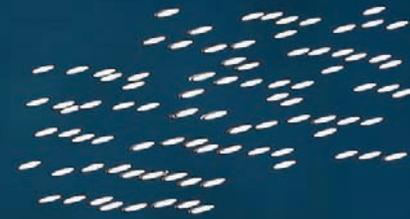


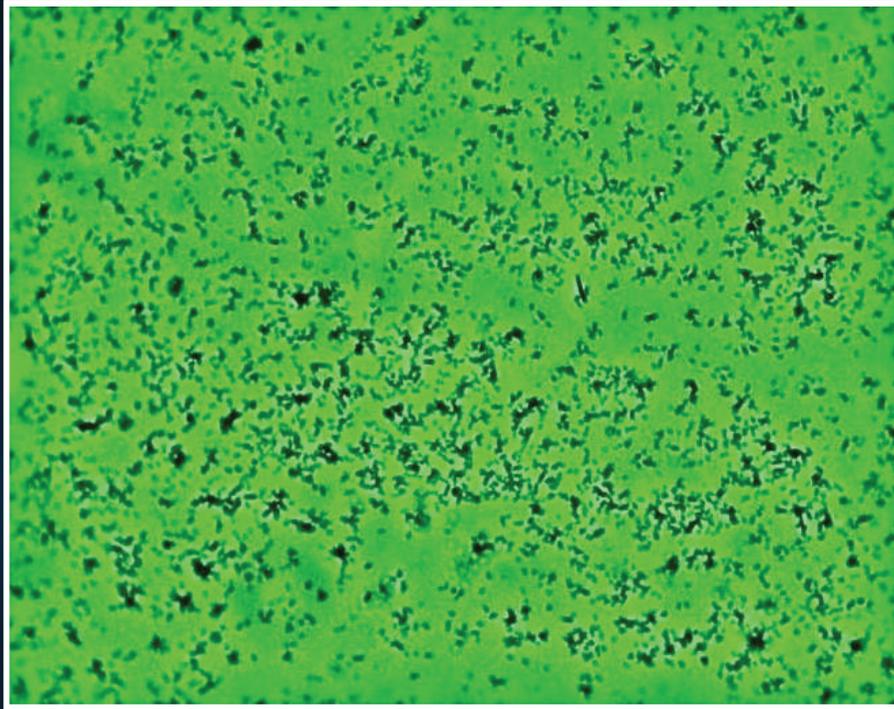
cluster of
pleomorphic bacteria





cluster of
pleomorphic bacteria





free floating
pleomorphic bacteria

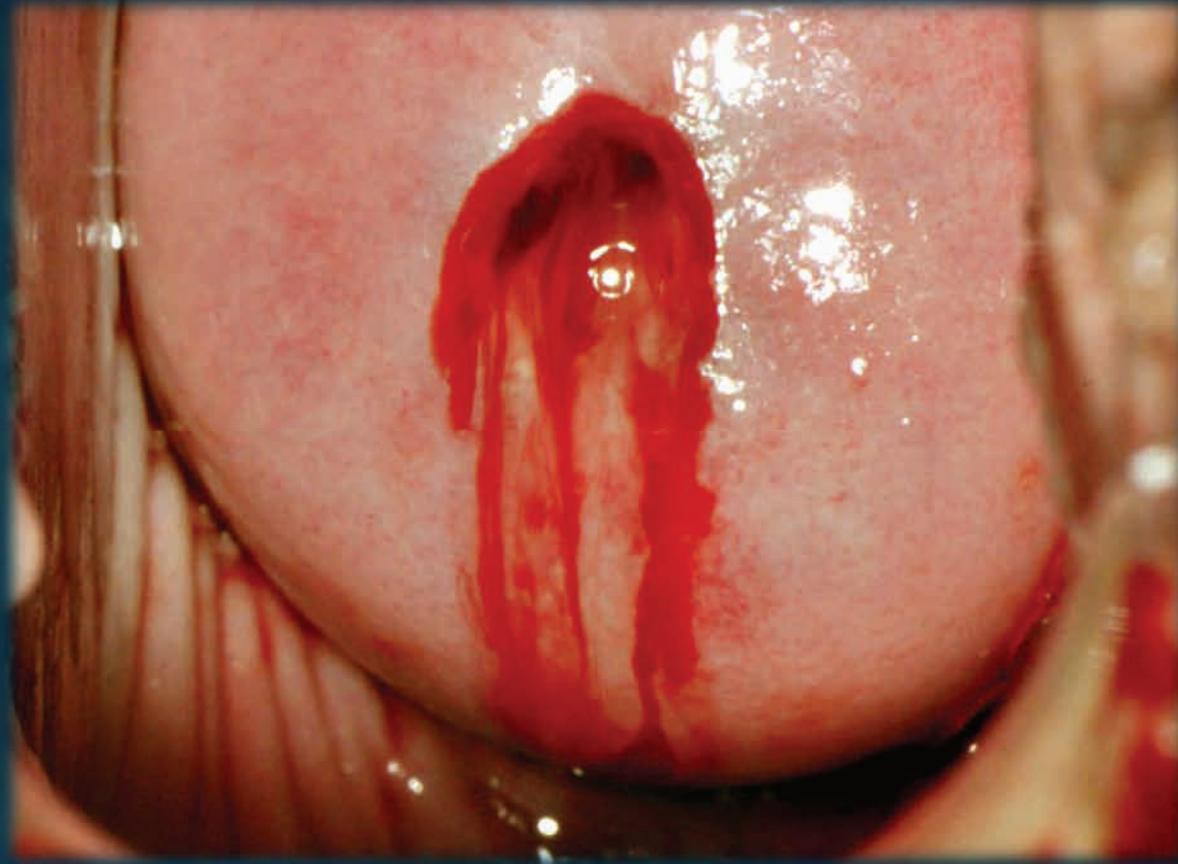
positive culture

Dominant
lactobacilli
disappear
and anaerobic
bacteria
multiply
1,000-fold

Elevated pH value
(>4.5) of vaginal
environment has been
found in **94,10**% of
patients affected by BV

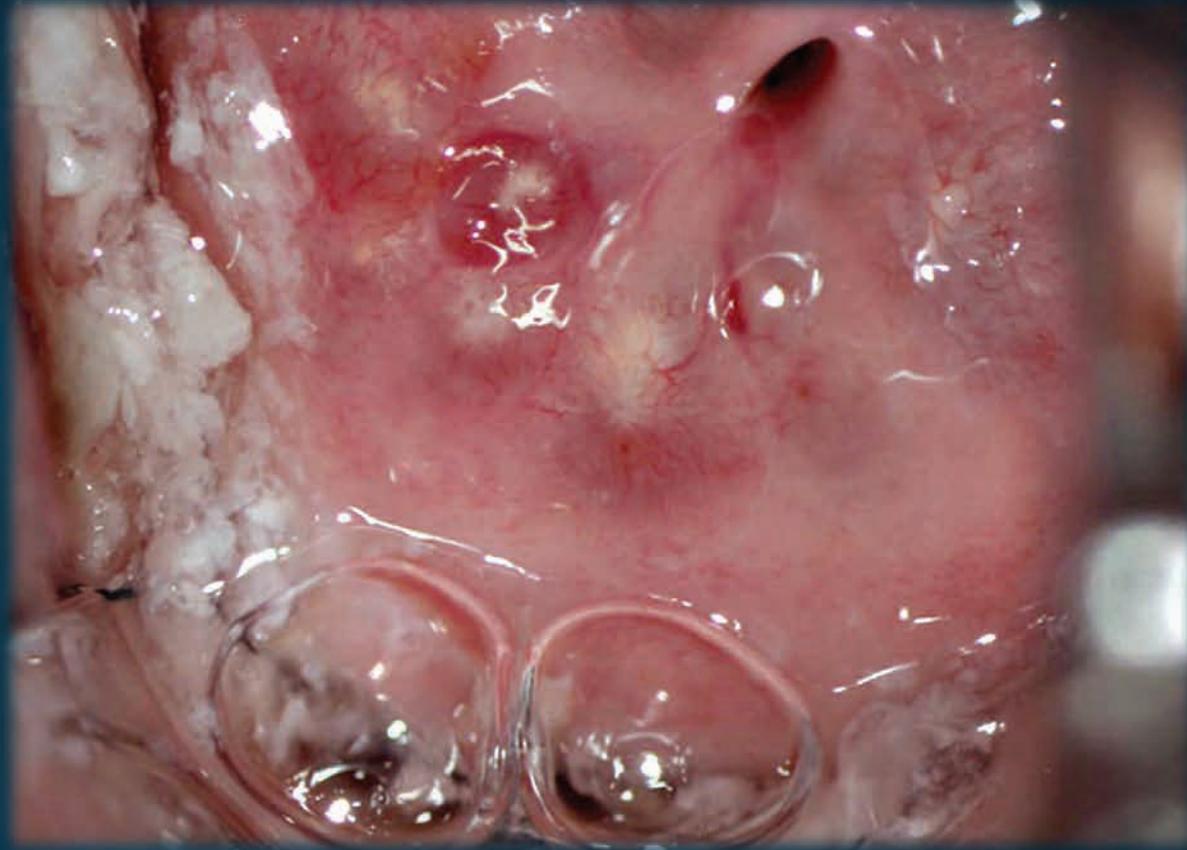
Different
conditions
may modify
vaginal pH





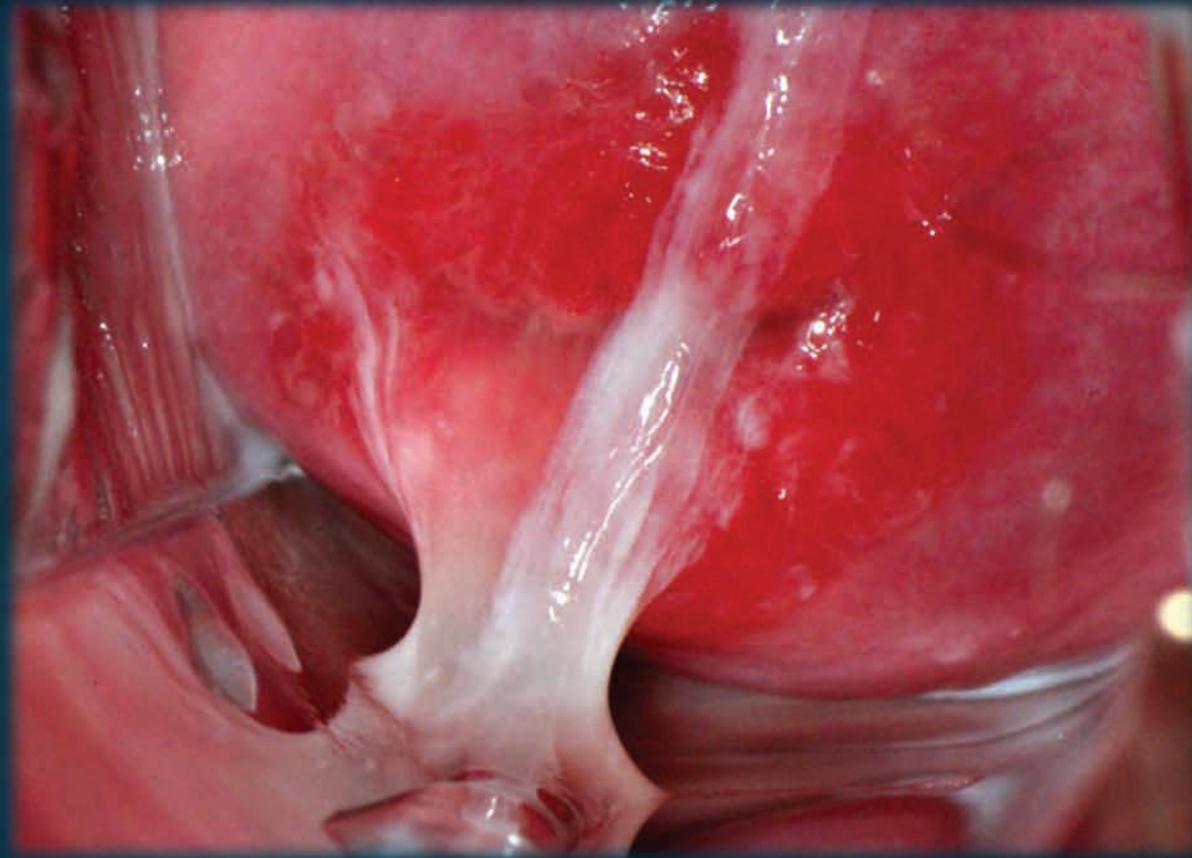

pH

menstruation

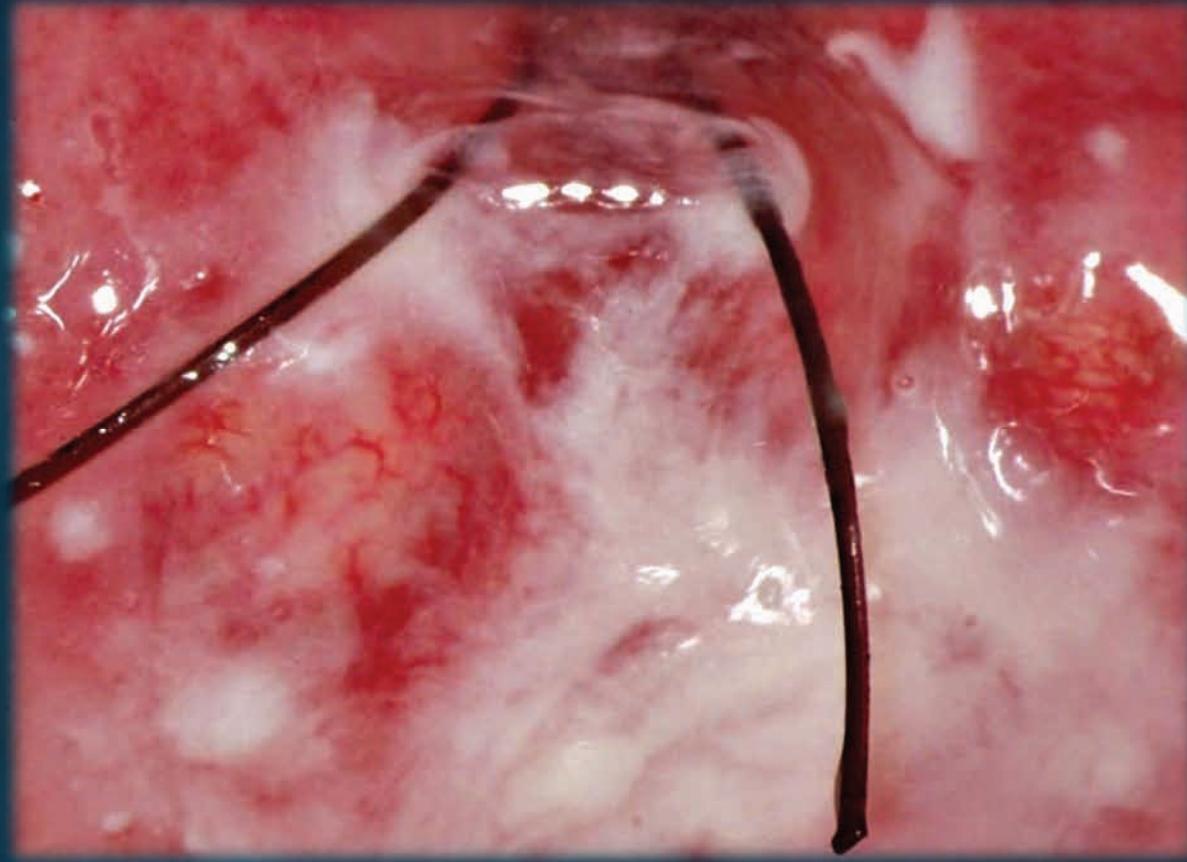


 pH

abundant alkaline mucus
for **hormonal** imbalance



alkaline mucus from columnar
exposed epithelium



 pH

reactive alkaline mucus
from IUD



exposed epithelium
and IUD



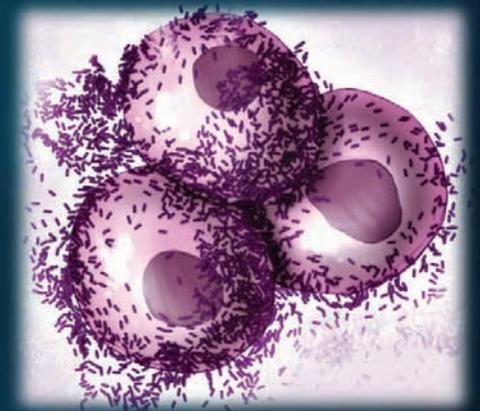

pH

sperm
(pH: 7.8-8.2)

It is possible to
separate *Gardnerella*
into different
non-pathogenic and
pathogenic species



Non-pathogenic



Pathogenic

Differences were
described in some
genes and virulence

factors such as

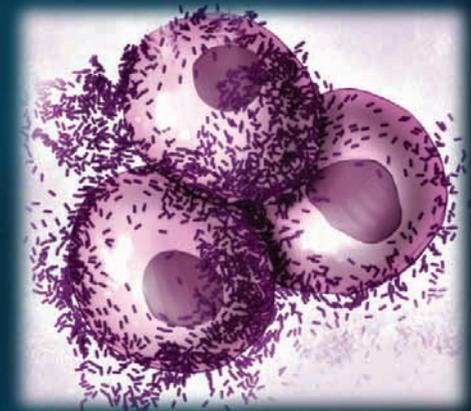
adhesion, cytotoxicity

and **biofilm**-forming

capability



Non-pathogenic



pathogenic

The aggregate

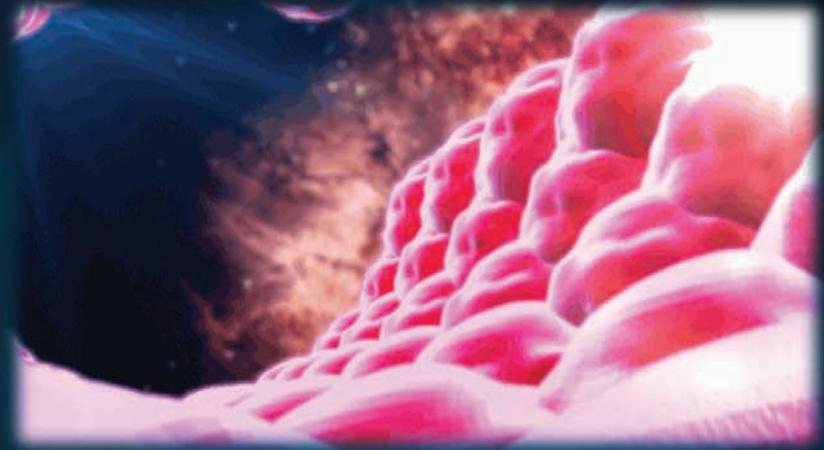
microbiome

is not a simple

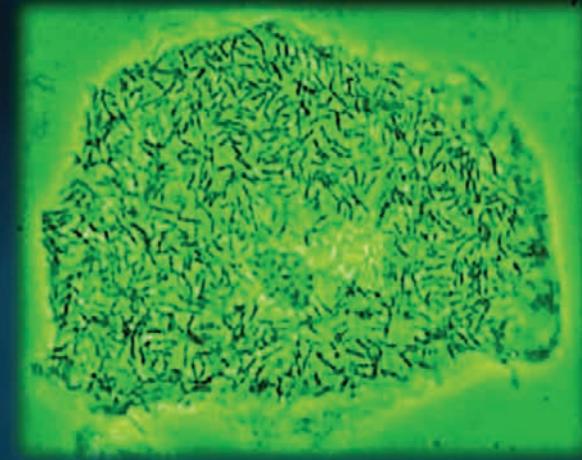
accumulation of free-floating

bacteria on the surface

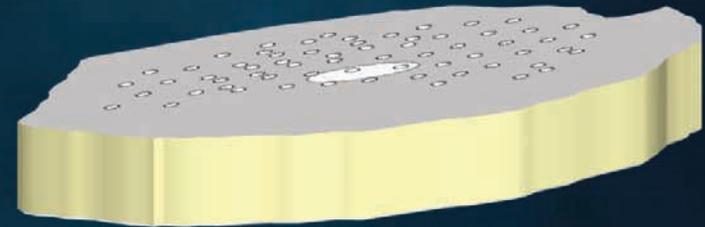
of a human tissue



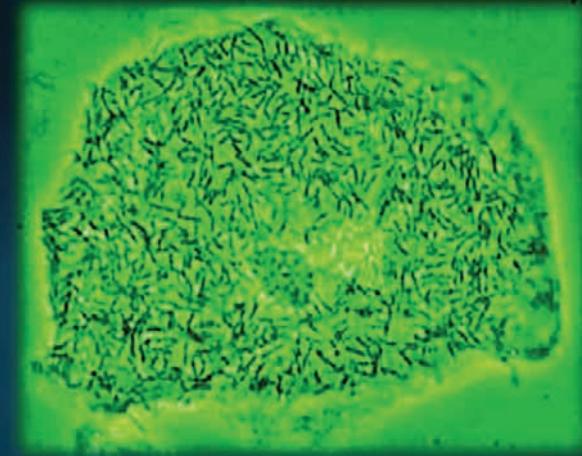
In many cases,
complex three-
-dimensional
lattices, called
biofilms, are formed



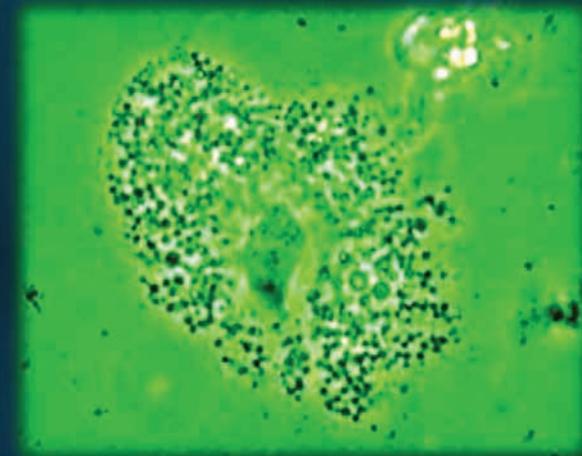
bacilli



At times, these **biofilms** may inhibit **immune** detection and reduce the effectiveness of antimicrobial **treatment**



bacilli

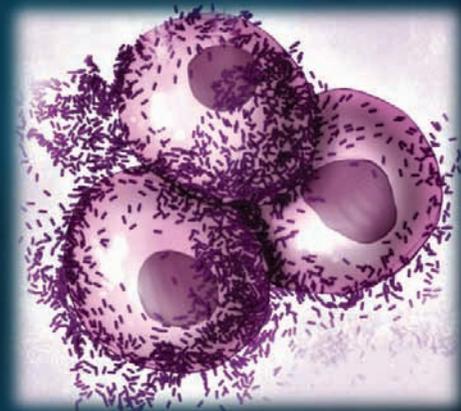


cocci

Not detectable
by **cultures**



adhesion, and biofilm-
forming capacity

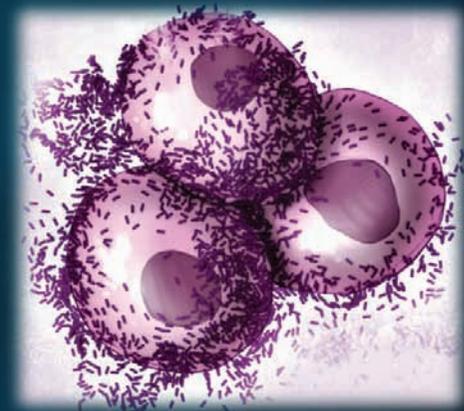


pathogenic

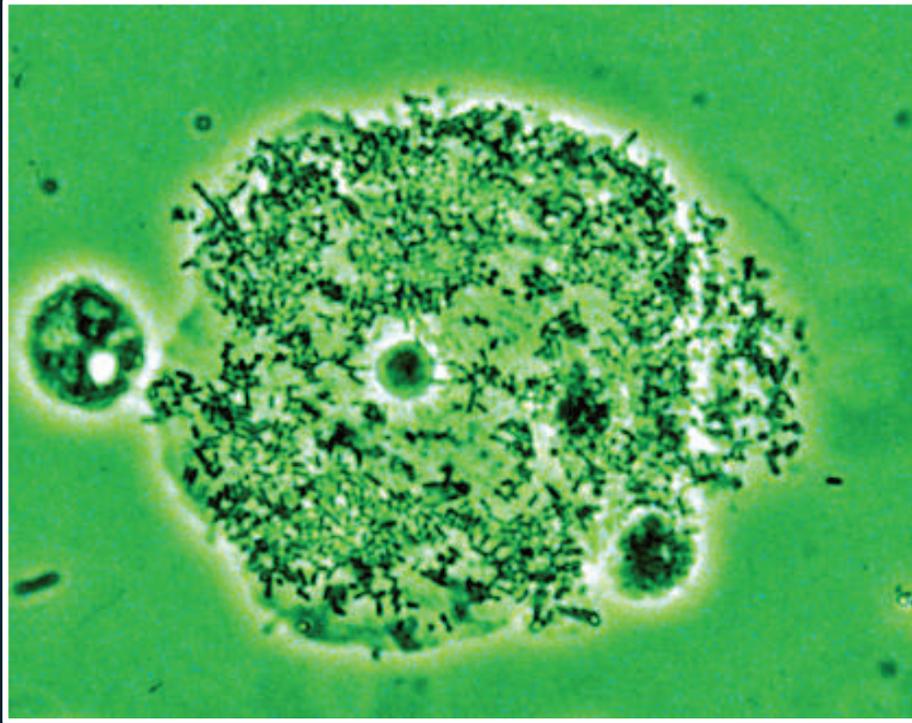
Detectable **only**
by **microscopy**



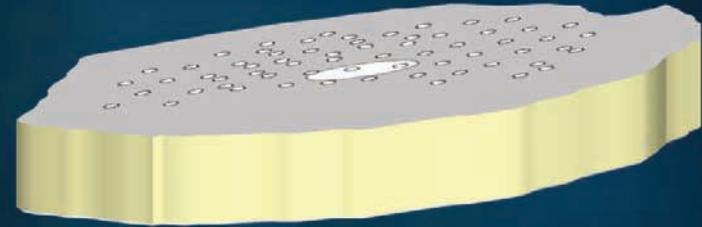
adhesion, and **biofilm-**
forming capacity



pathogenic



adhered
pleomorphic bacteria:
clue cell

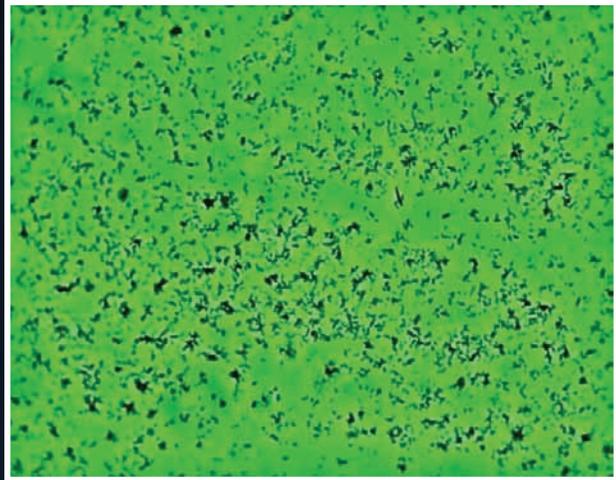


Pathogenic
species

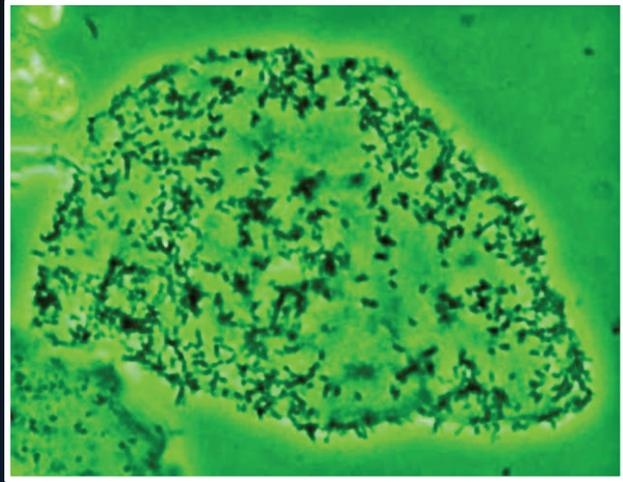
Laboratory



Traps



Vaginal **cultures**
have excellent
sensitivity for
the presence of
BV-associated bacteria



But because the predictive value of a positive *G. vaginalis* culture is less than 50%

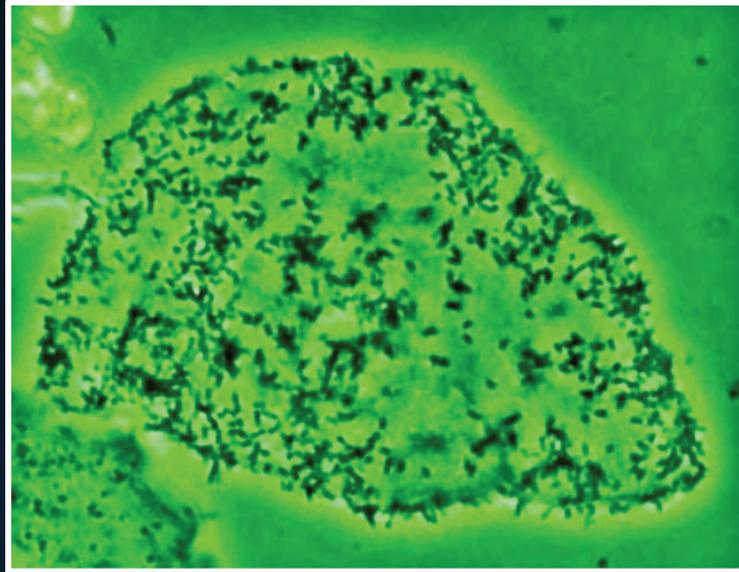
cultures **are not recommended**



The **microscope** is
the most valuable
diagnostic aid, the
clue cell being a
high characteristic
feature (specificity 98%)

BV is worldwide
the most common
cause of vaginal
discharge, but the condition
remains asymptomatic in,
at least, half of the cases





Bacterial
Vaginosis
is often

sub-clinical



How can we
diagnose

Bacterial

Vaginosis?

DIAGNOSTIC CRITERIA

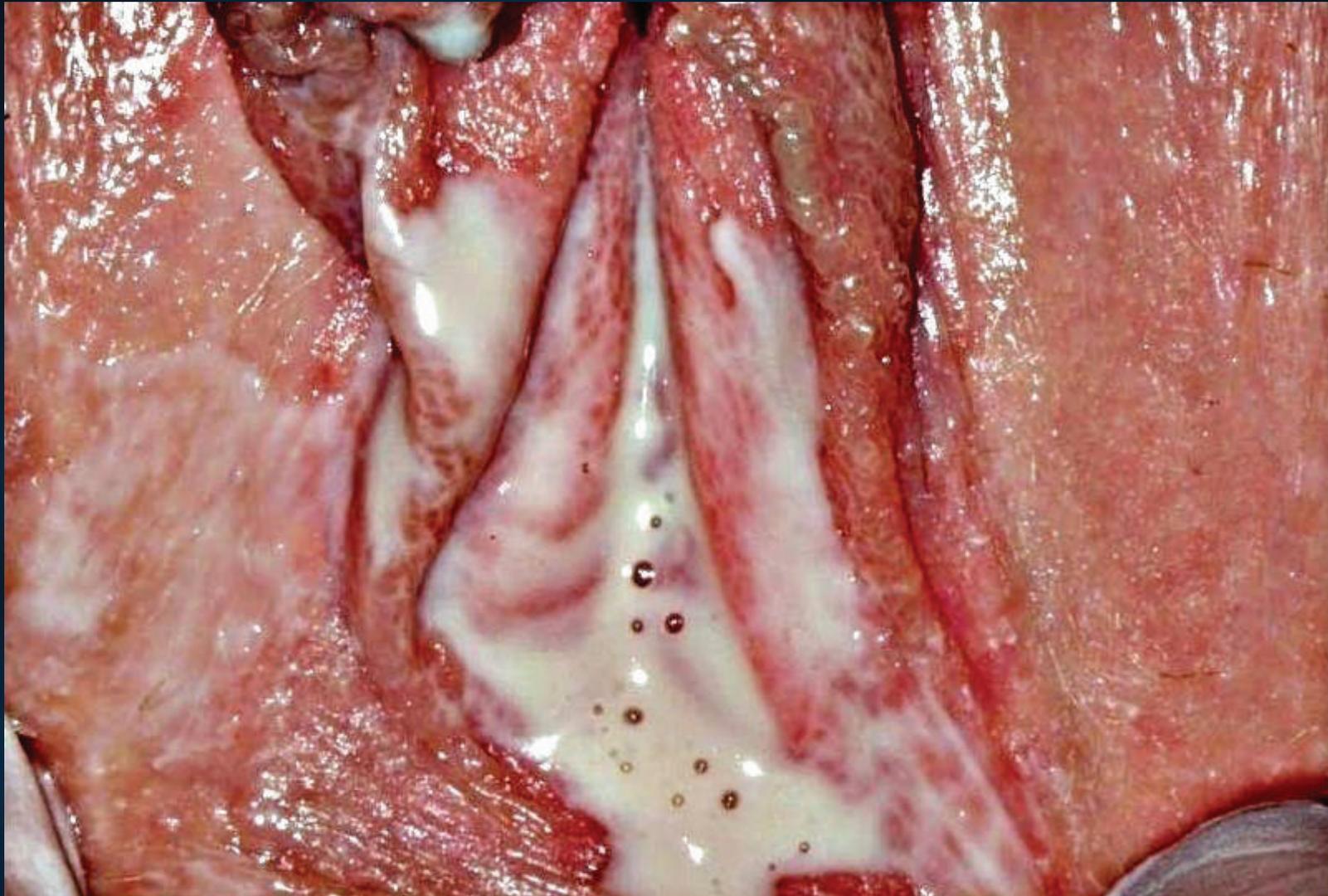
- **fishy** smell (sniff test)
- white, omogeneous, **frothy** and **malodorous** discharge
- vaginal pH > 4.5
- positive **amine-test** (whiff test)
- **clue cells** at microscopy



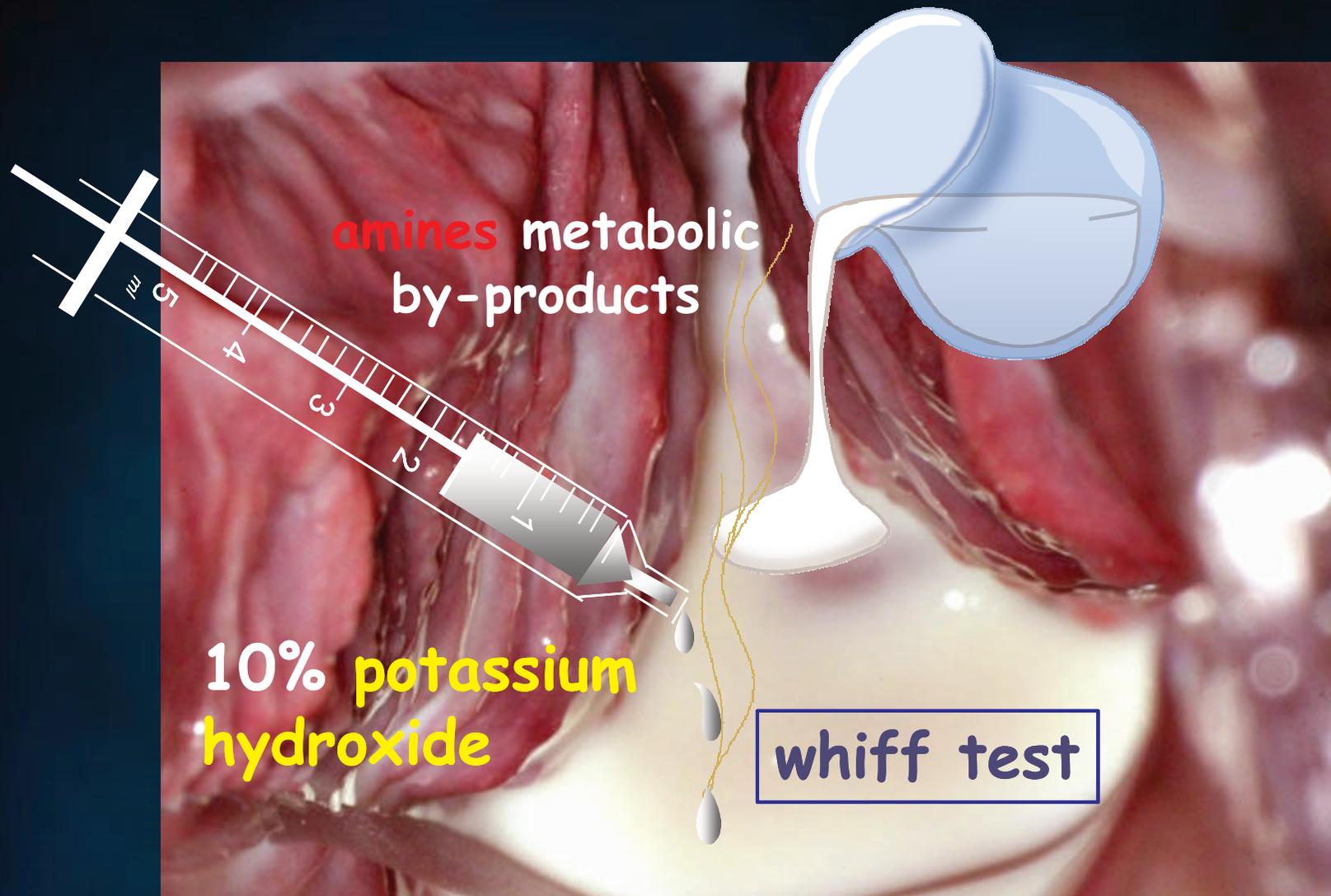
fishy smell



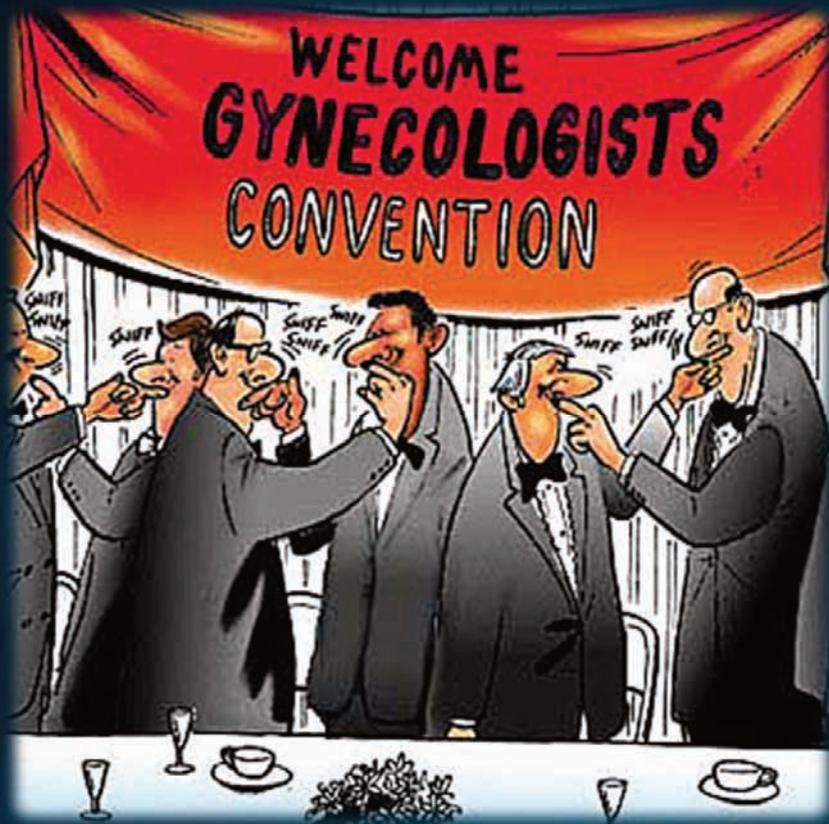
sniff test



white, omogeneous and **frothy** discharge



abundant white discharge as if milk was poured into the vagina



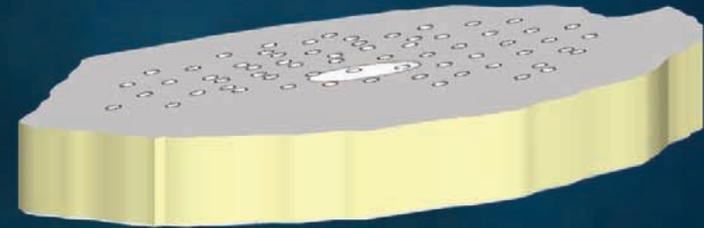
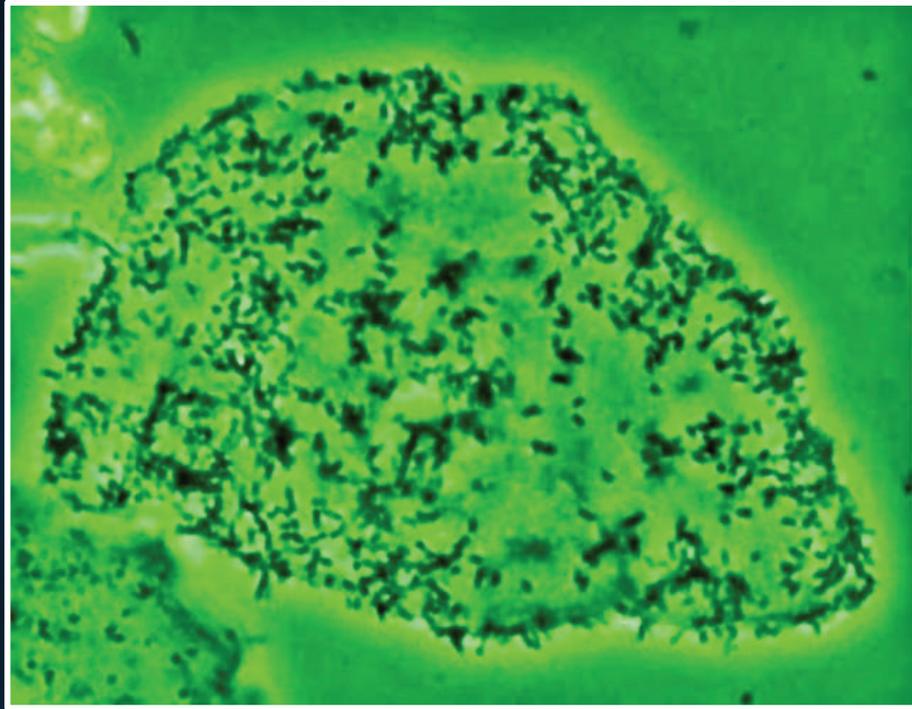
Sometimes
it is **not**
enough
to be good
sommelier...

DIAGNOSTIC CRITERIA

- **fishy** smell (sniff test)
- white, omogeneous, **frothy** and malodorous **discharge**
- vaginal pH **> 4.5**
- positive **amine-test** (whiff test)

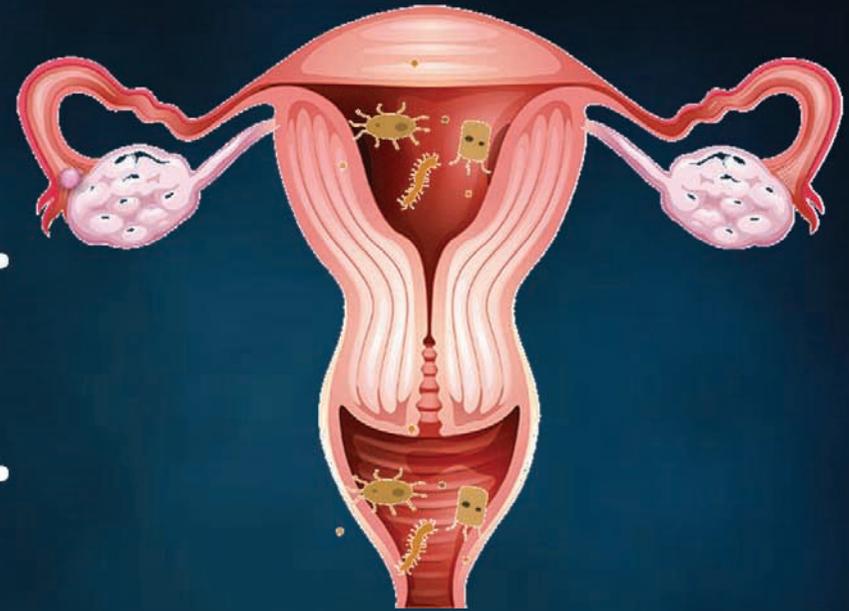


- **clue cells** at microscopy **BV**



adhered
pleomorphic bacteria:
clue cell

Biofilms are routinely present in the **vagina** but commonly extend into the **endometrial** cavity and even up into the **fallopian** tubes



Half of

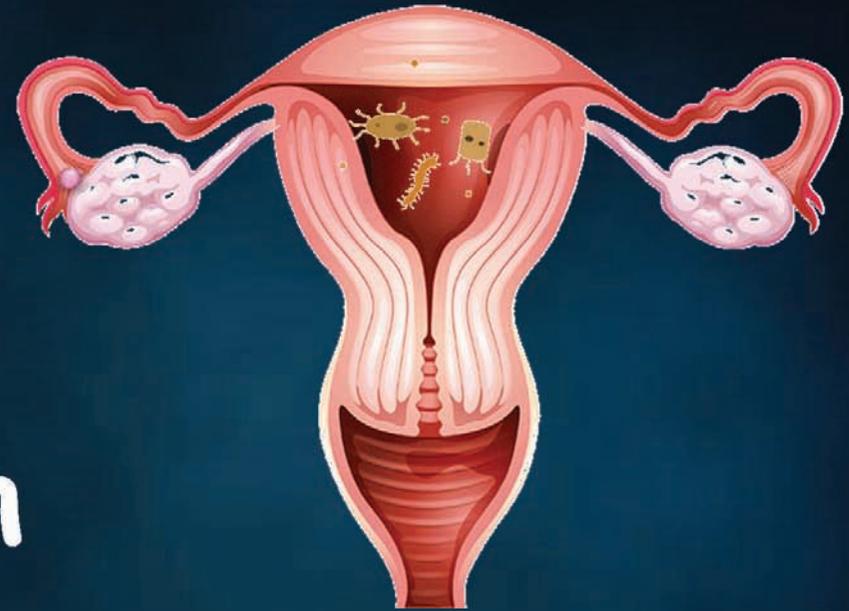
the women

presenting with

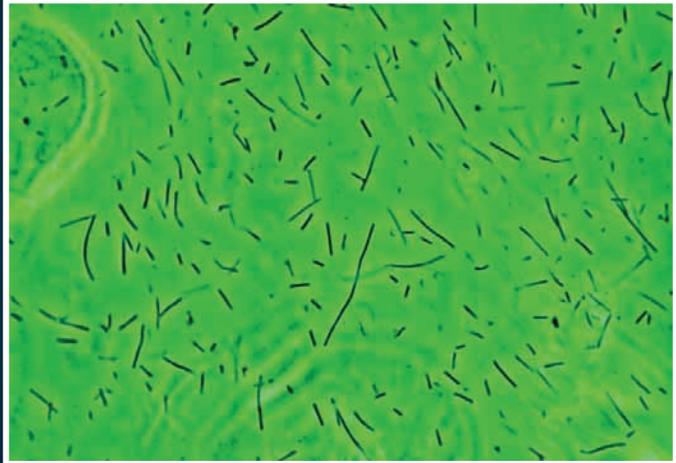
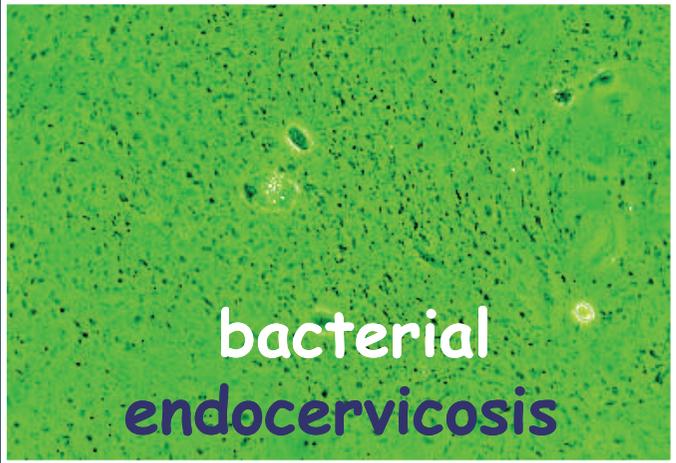
BV had a polymicrobial

biofilm adhered

to the **endometrium**



ENDOCERVICAL wet mount



BV- associated bacteria



Which
Consequences?

Uterine colonization
with BV-associated
bacteria has been
hypothesized to
promote **carcinogenesis**

BV is a common
genital disorder
with a prevalence
of approximately
19% in the
infertile population



There is a consistent association between **dysbiosis** of the vaginal microbiome and unfavourable reproductive outcomes, such as **subfertility** and ART **failure**



HPV infection

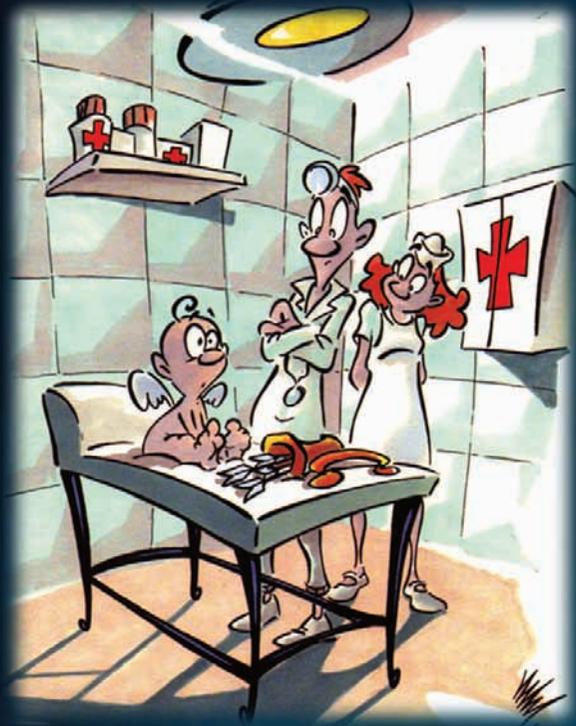
with BV infection

may increase the

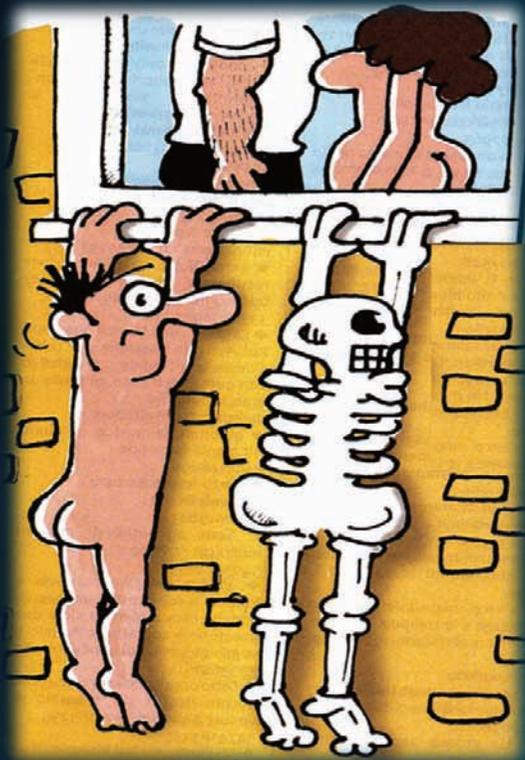
incidence of CIN

and cervical cancer





Therapy with
only recommended
antibiotics results
in low cure rates
and unacceptably
high recurrence rates



Several studies in
the last decade
support the concept
of BV as a sexually
transmitted infection

Infective

male partner

usually presents

no penile **signs**

or **symptoms**



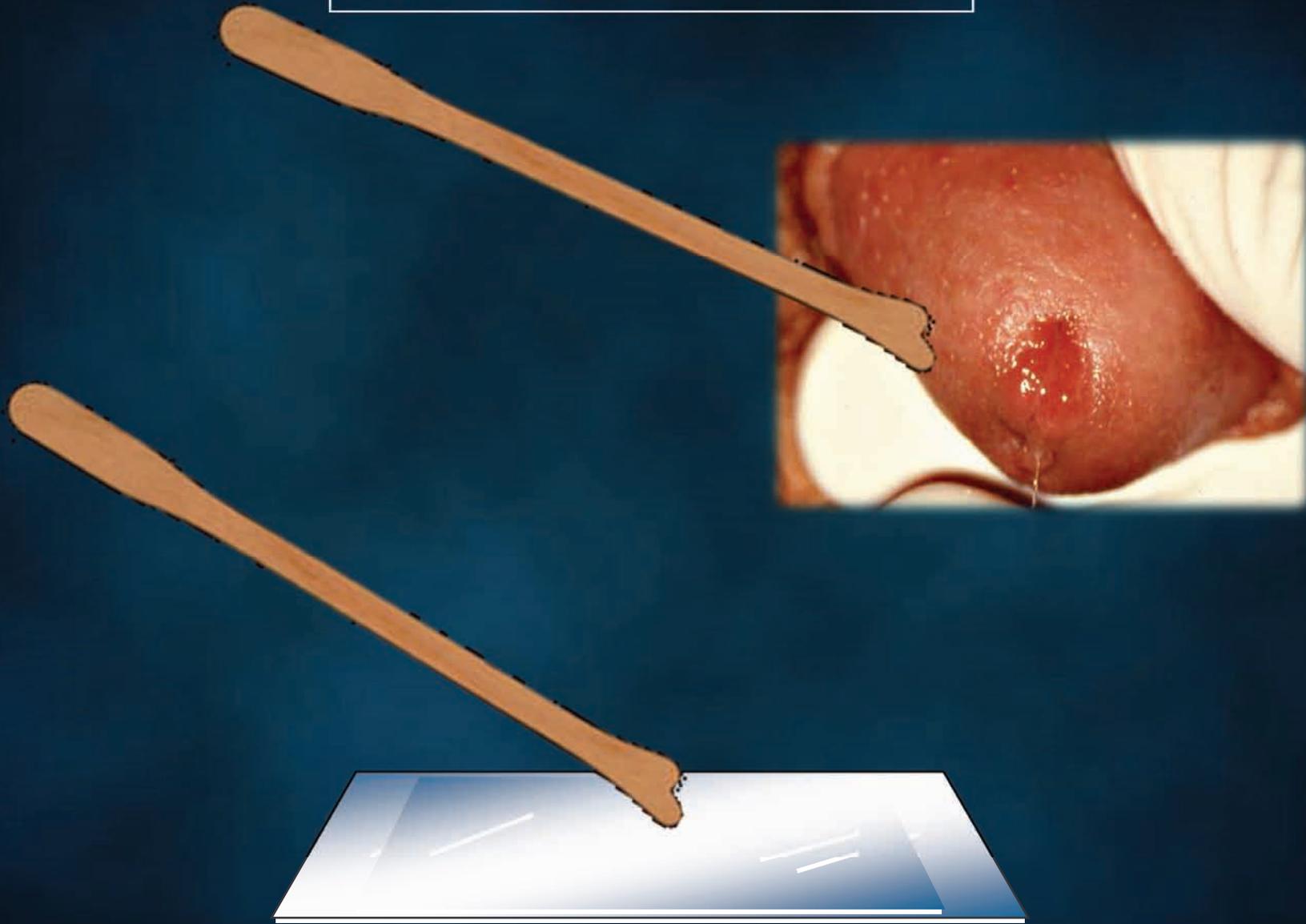


Is it possible
to investigate
the **recalcitrant**
male partner?

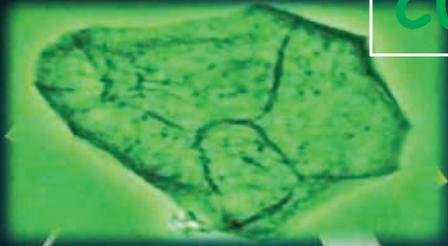
WET MOUNTS

- ✓ Cervico-vaginal wet mount
- ✓ Cutaneous wet mount
- ✓ Urinary wet mount
- ✓ Buccal wet mount
- ✓ Rectal wet mount

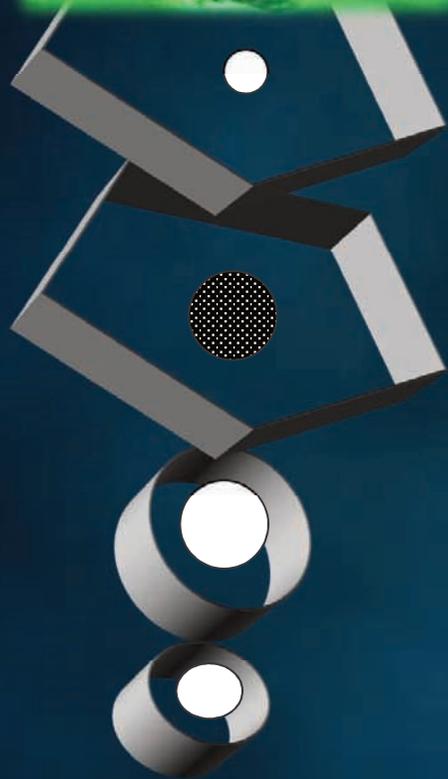
CUTANEOUS wet mount



CUTANEOUS wet mount

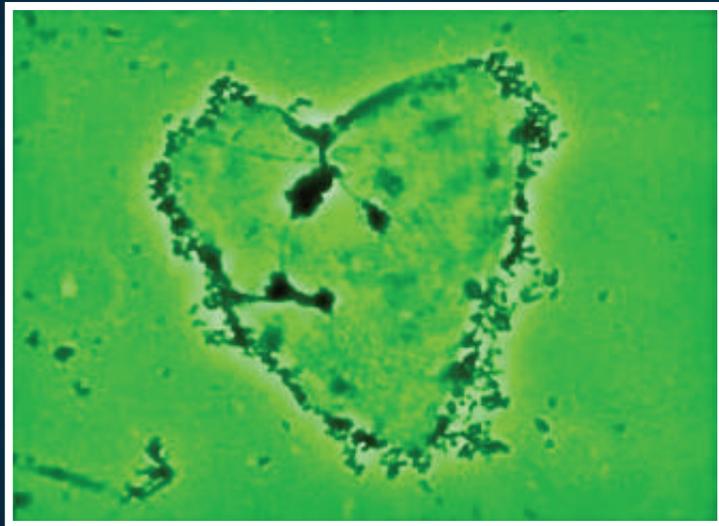


horny cell



keratinized stratified
SQUAMOUS
epithelium

CUTANEOUS wet mount



clue cell (horny cell)

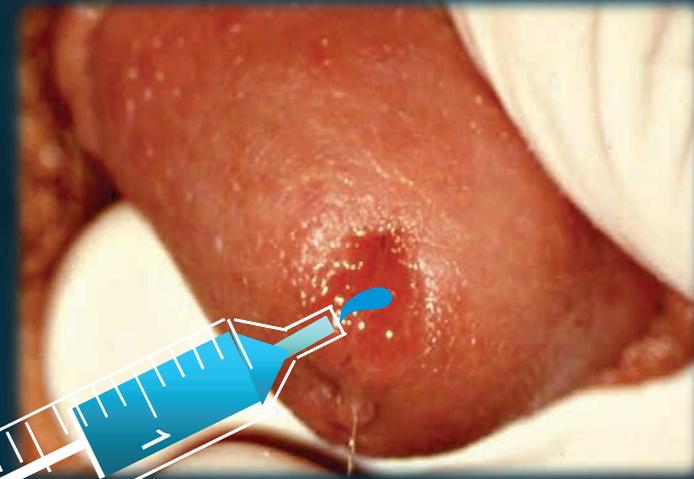


WET MOUNTS

- ✓ Cervico-vaginal wet mount
- ✓ Cutaneous wet mount
- ✓ Urinary wet mount
- ✓ Buccal wet mount
- ✓ Rectal wet mount

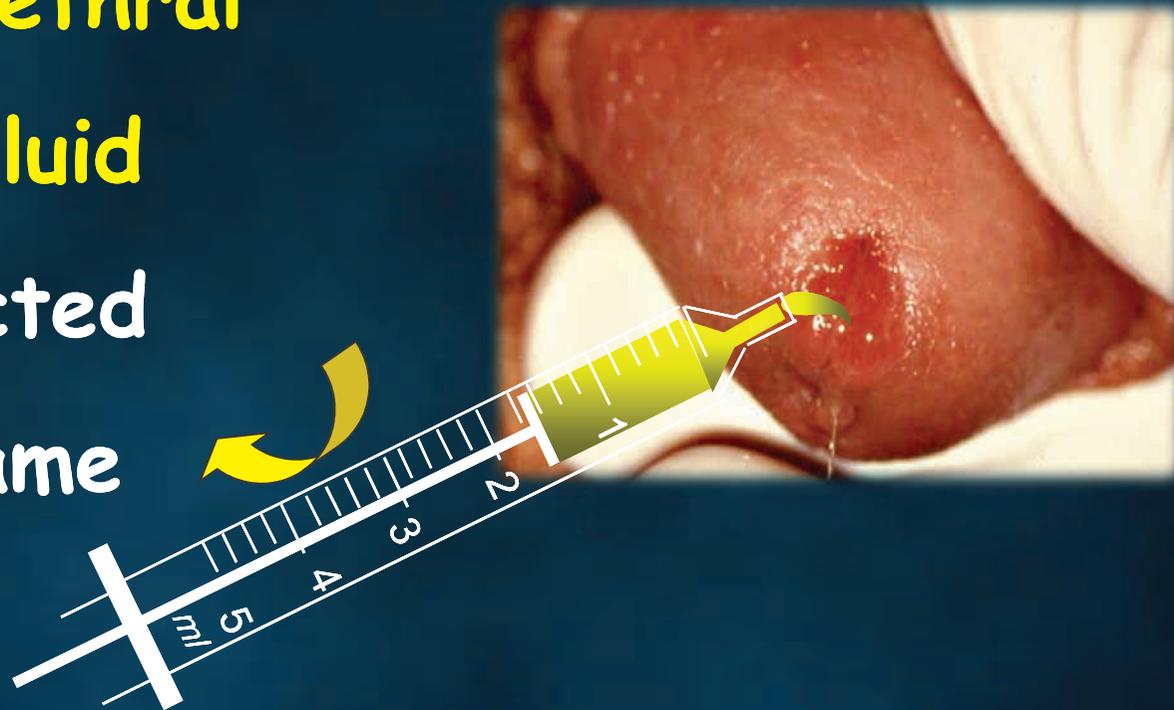
URINARY wet mount

5-10 ml of
sterile saline
solution are
introduced into
the **urethra**

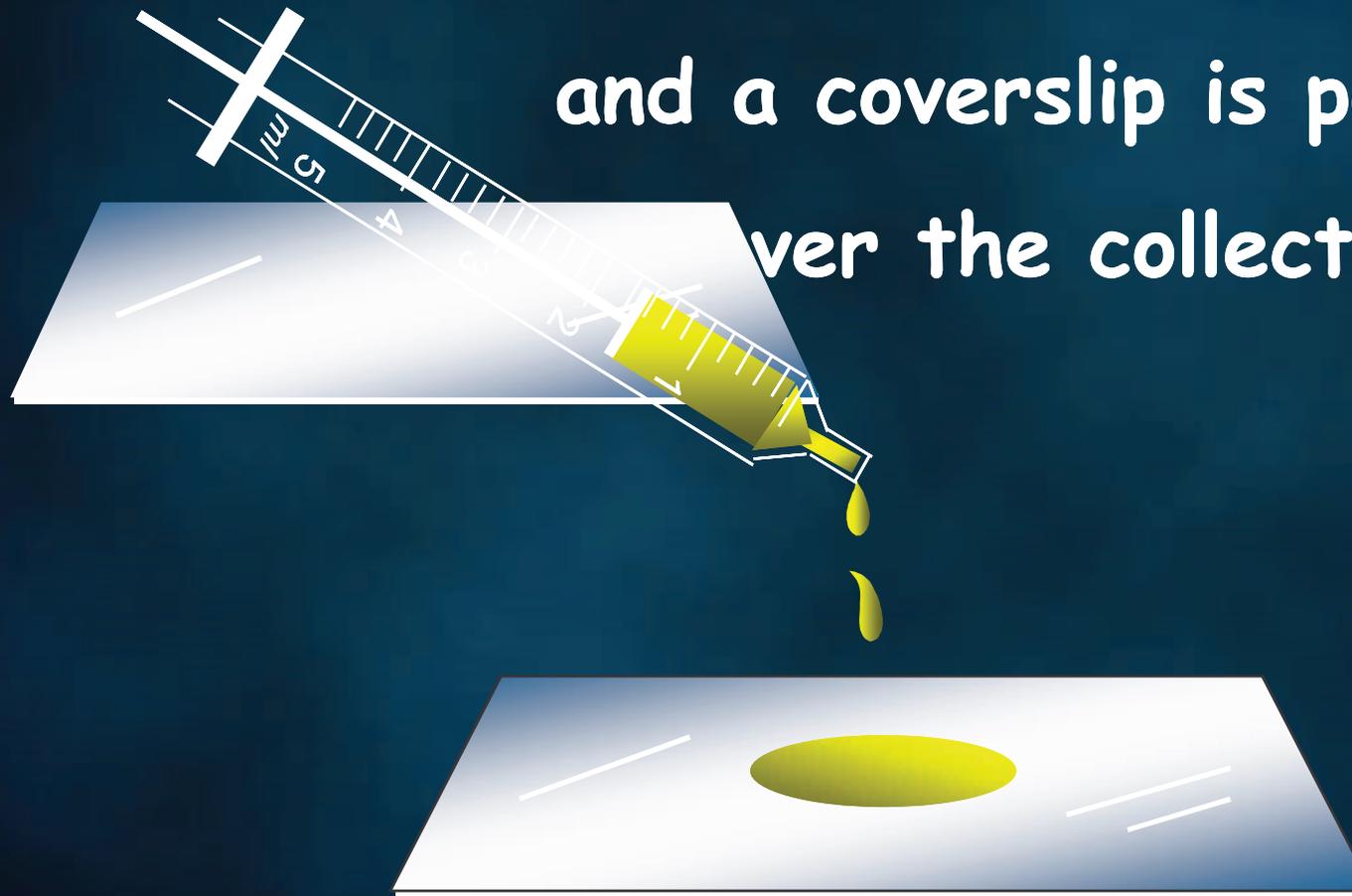


URINARY wet mount

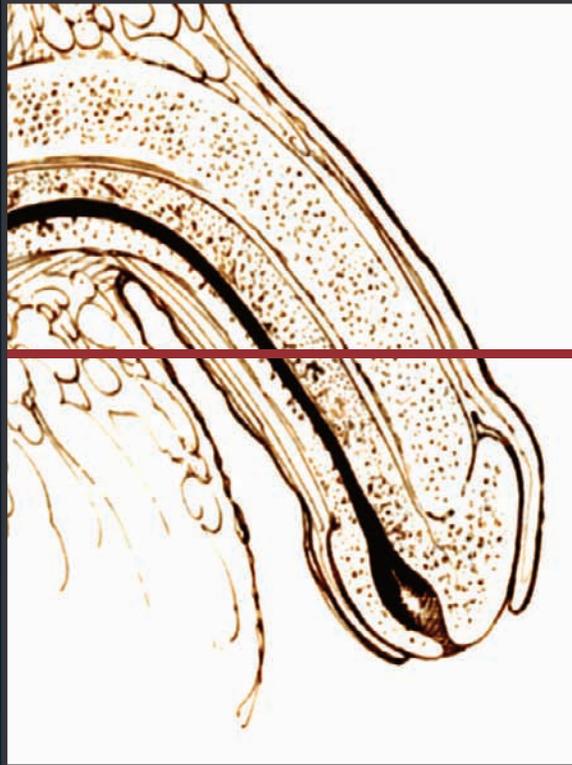
Some drops
of the **urethral
washing fluid**
are collected
by the same
syringe



A few drops of the **urethral washing** fluid are applied to a microscope slide and a coverslip is positioned over the collected drops



URINARY EPITHELIA



Colonization Level

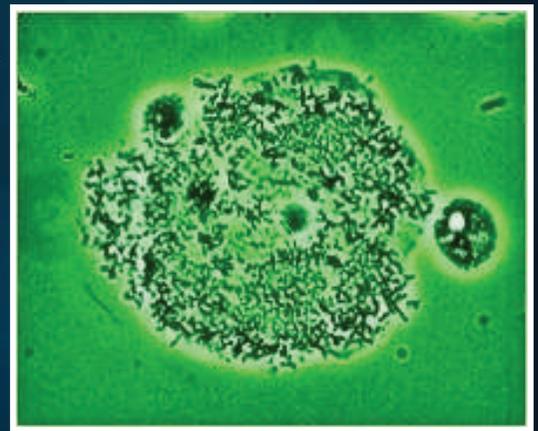
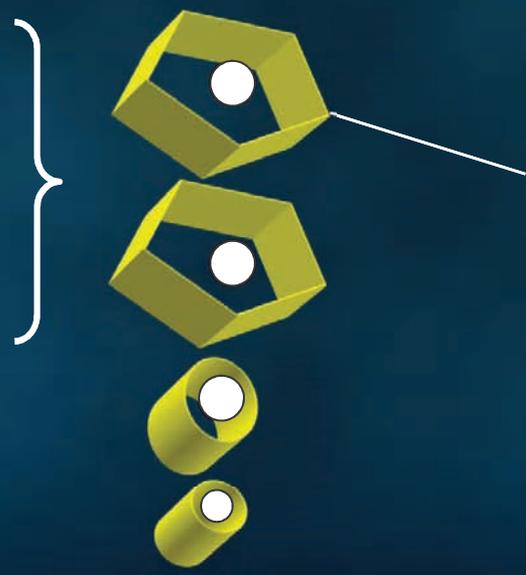


URINARY EPITHELIA

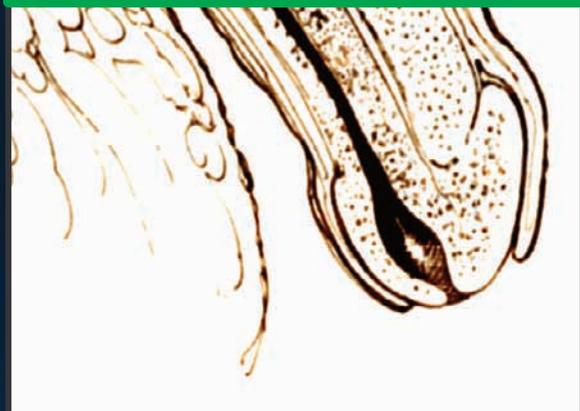


URO-wet mount

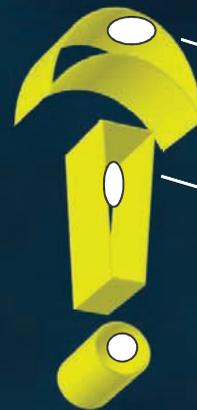
squamous



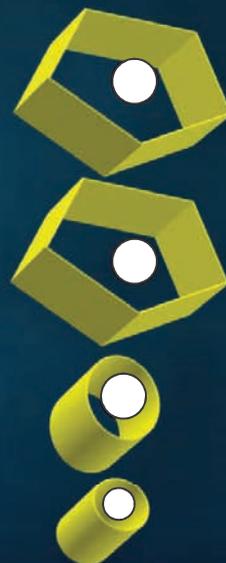
URINARY EPITHELIA



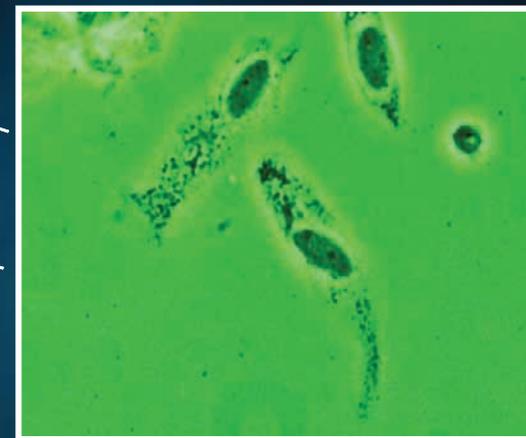
transitional



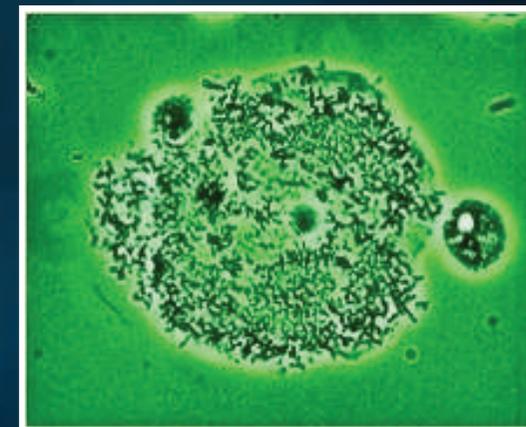
squamous



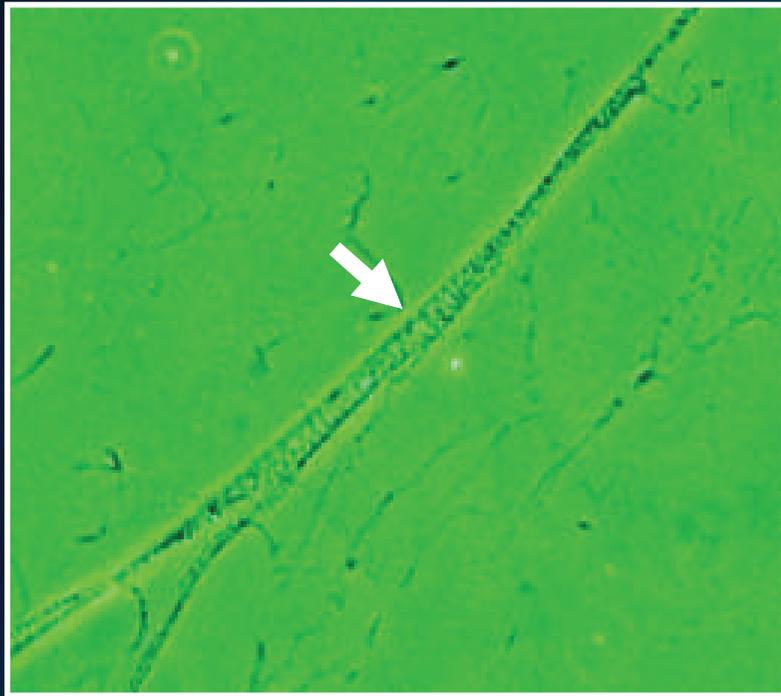
URO-wet mount



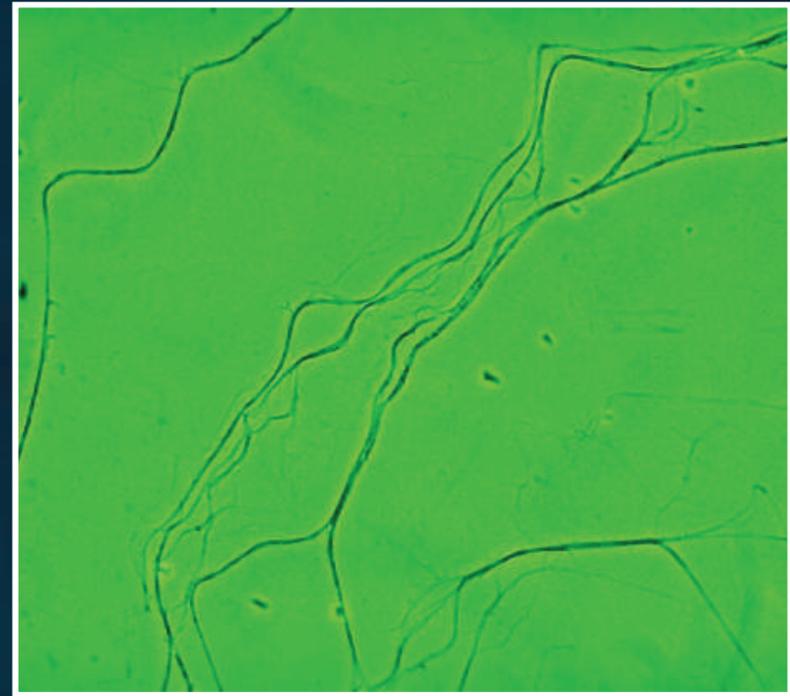
bacterial
urethritis



URINARY wet mount



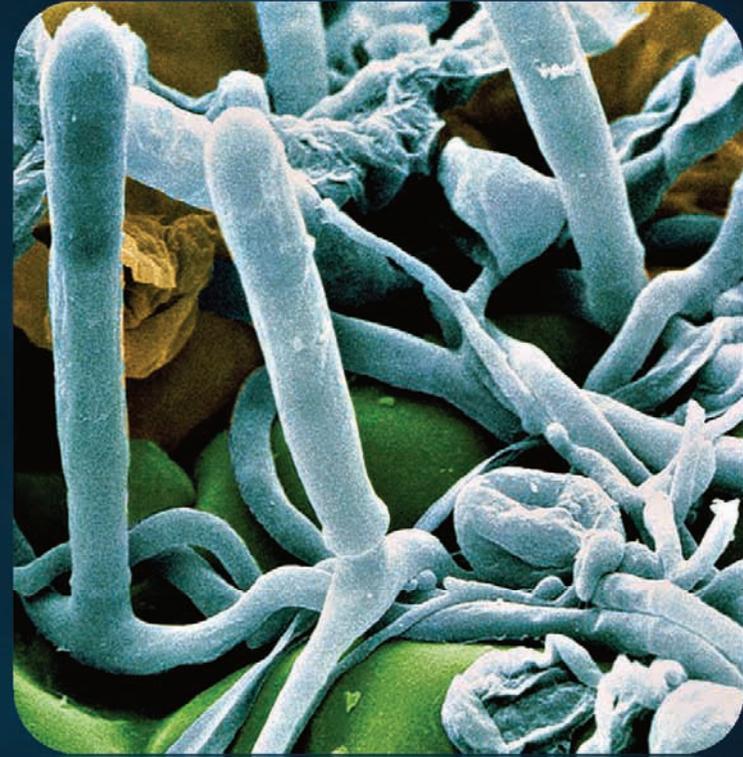
Adhered bacteria
to mucus filaments



Clean mucus filaments
after treatment

Candida

albicans



Bacterial Vaginosis (40%-50%)



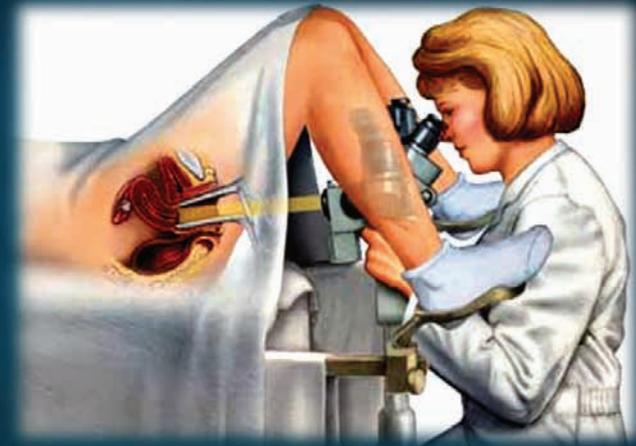
Trichomoniasis
(15%-20%)

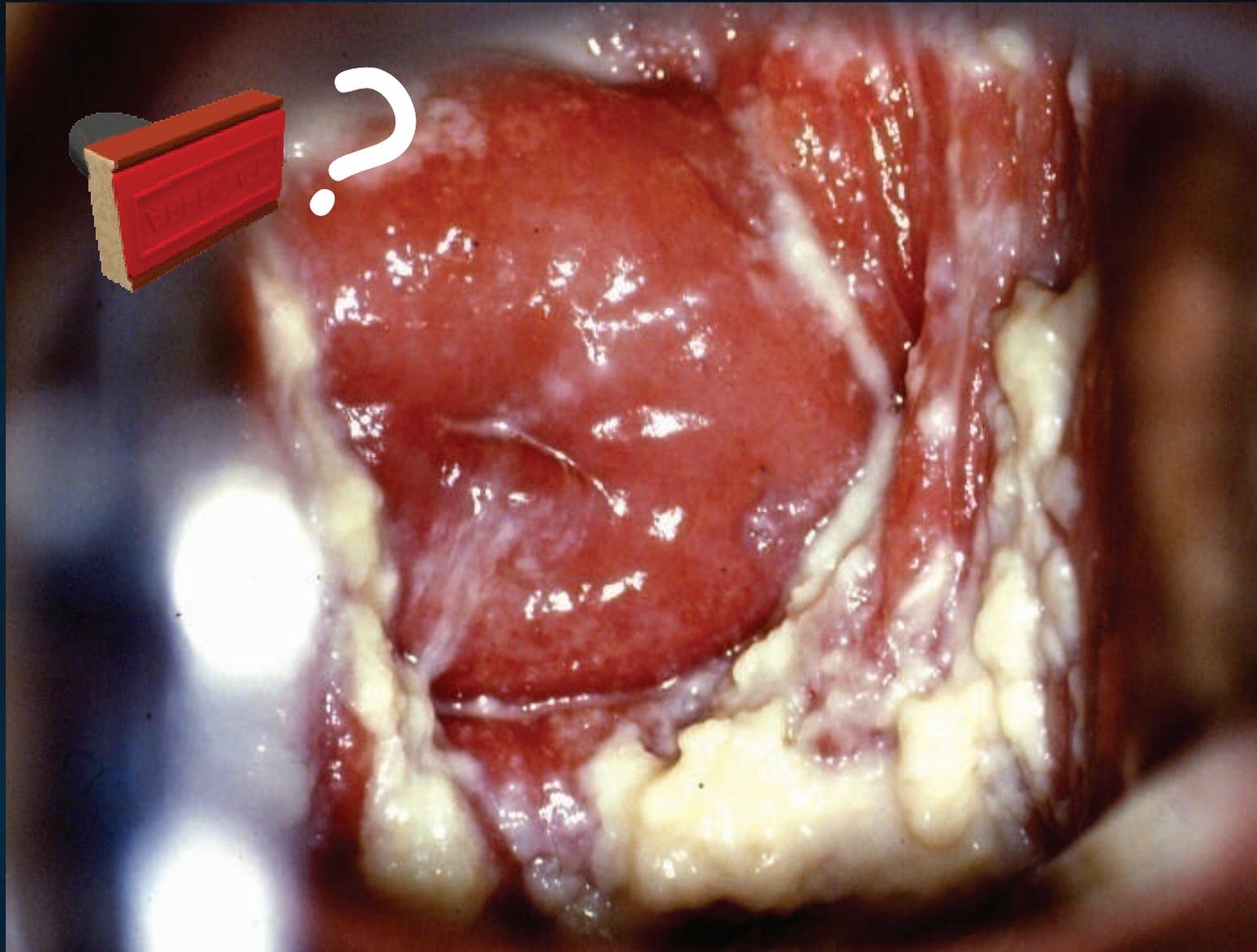
Candidiasis
(20%-25%)

CANDIDA

colposcopy:

- cervical congestion and, white and **clumpy** discharge
- erythematous maculae
- erythematous papulae
- white punctation



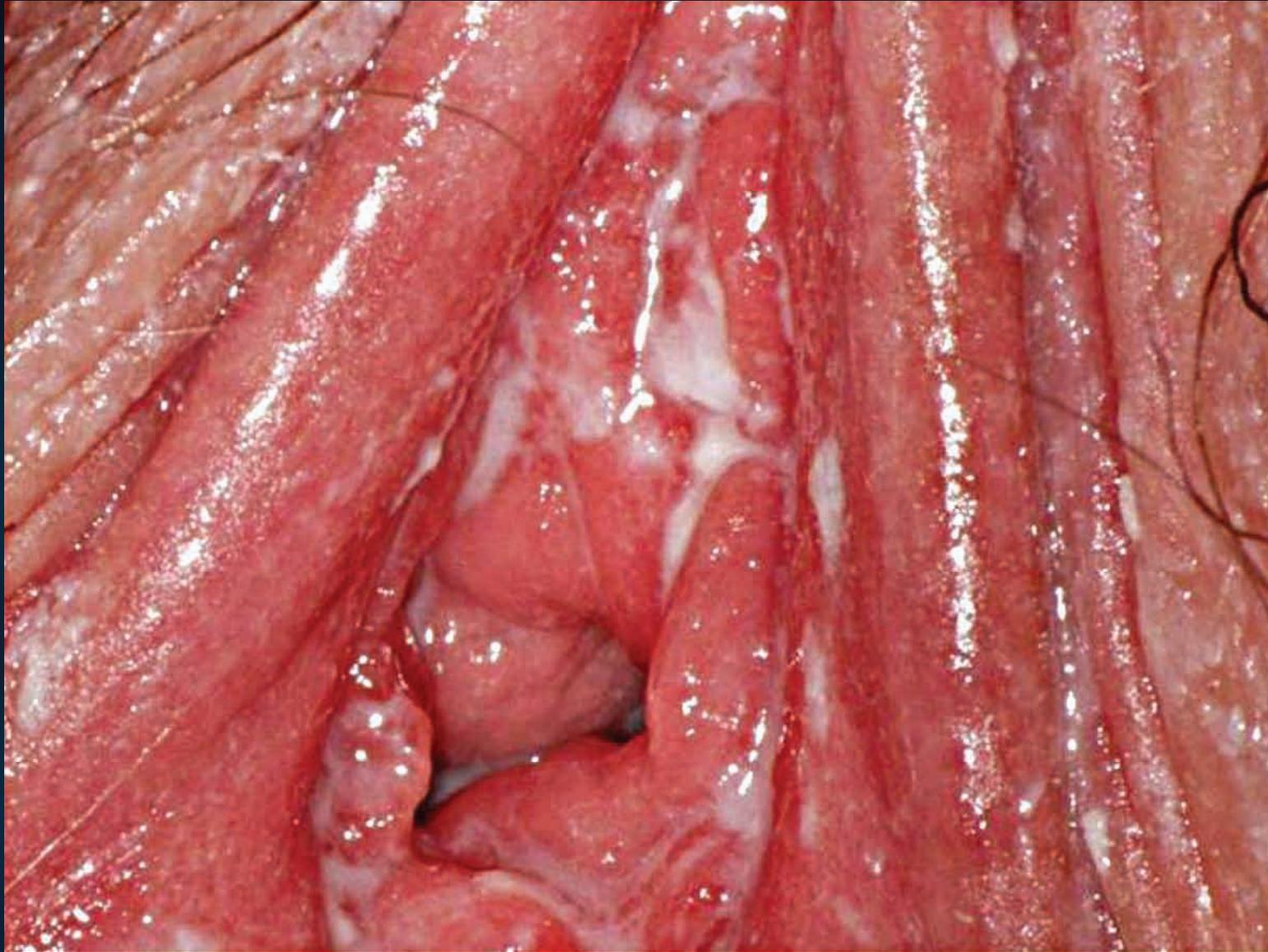


white and **clumpy** discharge

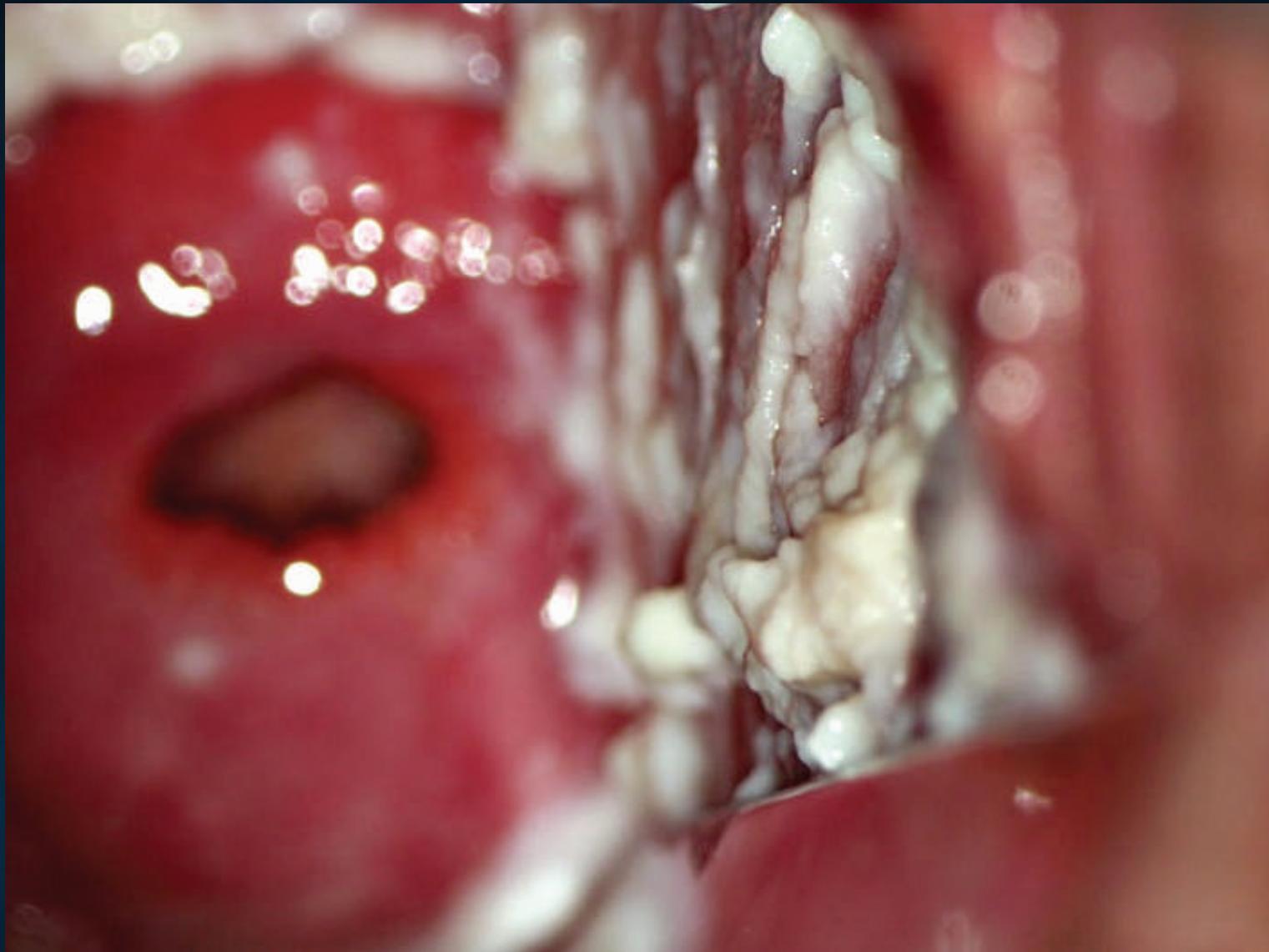
Clinical



Traps



vulvar **erythema** and **creamy** discharge



white and **clumpy** discharge



post-coital erythema



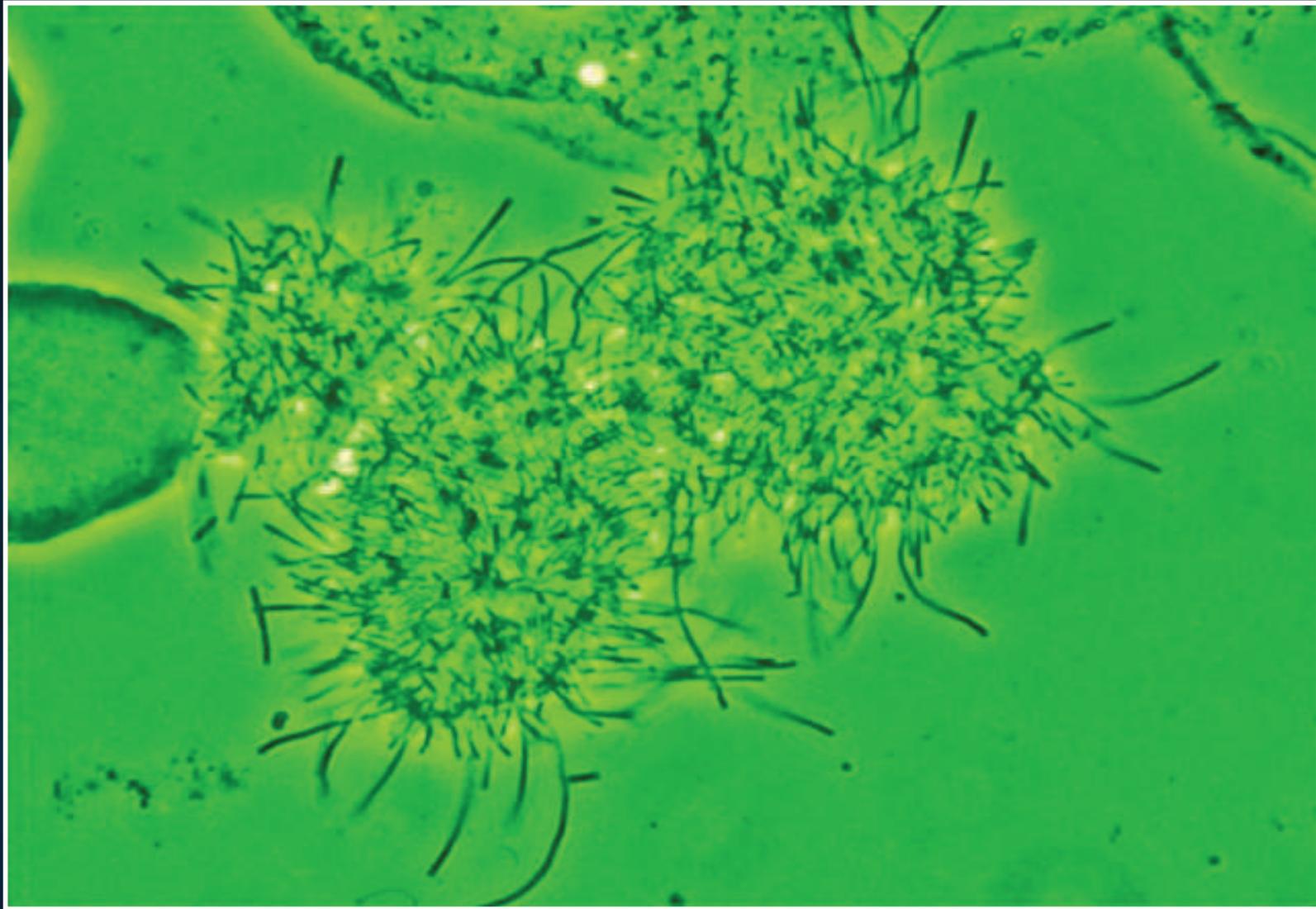
In some of the patients who have **symptoms** and **signs** of vaginal **candidiasis**, which is unresponsive to antifungal drugs, a diagnosis of **cytolytic vaginosis** may have to be suspected



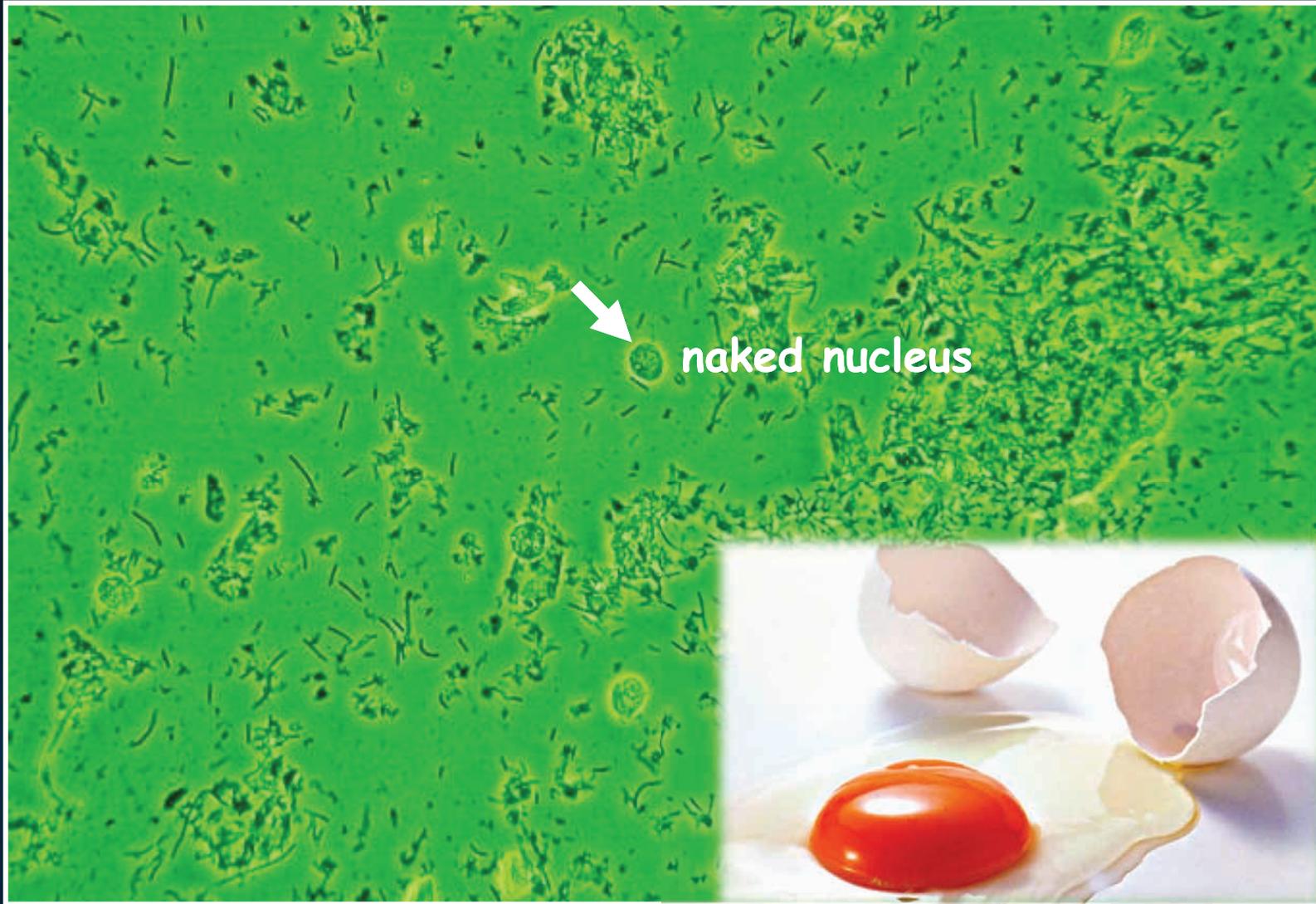
Cytolytic
vaginosis is
also known as
vaginal **lactobacillosis**



It is characterized
by abundant growth
of Lactobacilli
resulting in **lysis** of
vaginal epithelial cells



adhered filamentous **Lactobacilli**



Doderlein's cytolysis



Very annoying,
profuse vaginal
discharge, often
associated with
vulvar and
vaginal itching



The etiology
is **unknown**
and the
prevalence
is approximately **15%**

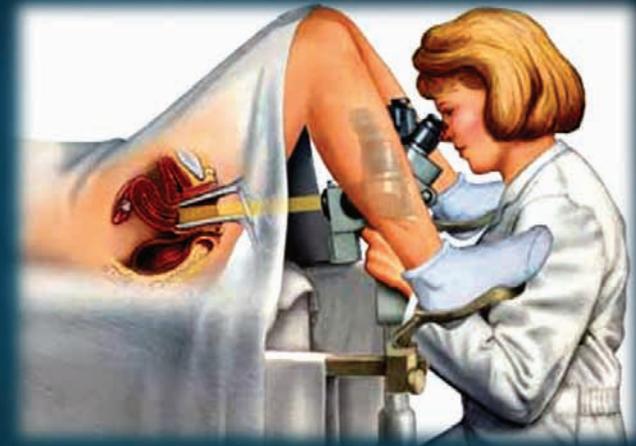


If vaginal lactobacillosis is misinterpreted as a fungal infection, **allergic** reactions to antimycotic therapy may result in **perpetuation** of symptoms that are incorrectly thought to be caused by yeast

CANDIDA

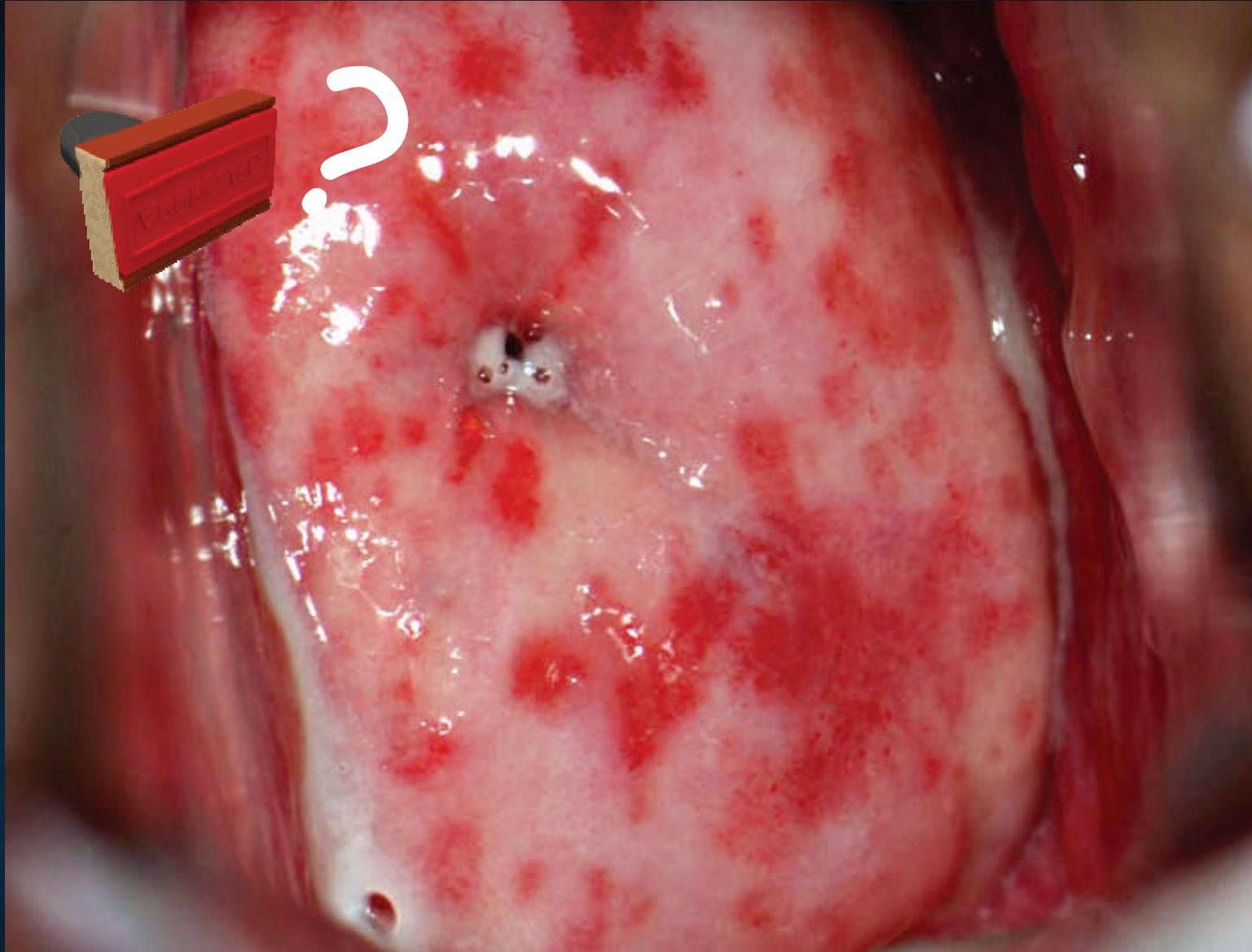
colposcopy:

- cervical congestion and, white and clumpy discharge
- erythematous **maculae**
- erythematous papulae
- white punctation





fungal erythematous **maculae**



funga erythematous **maculae**

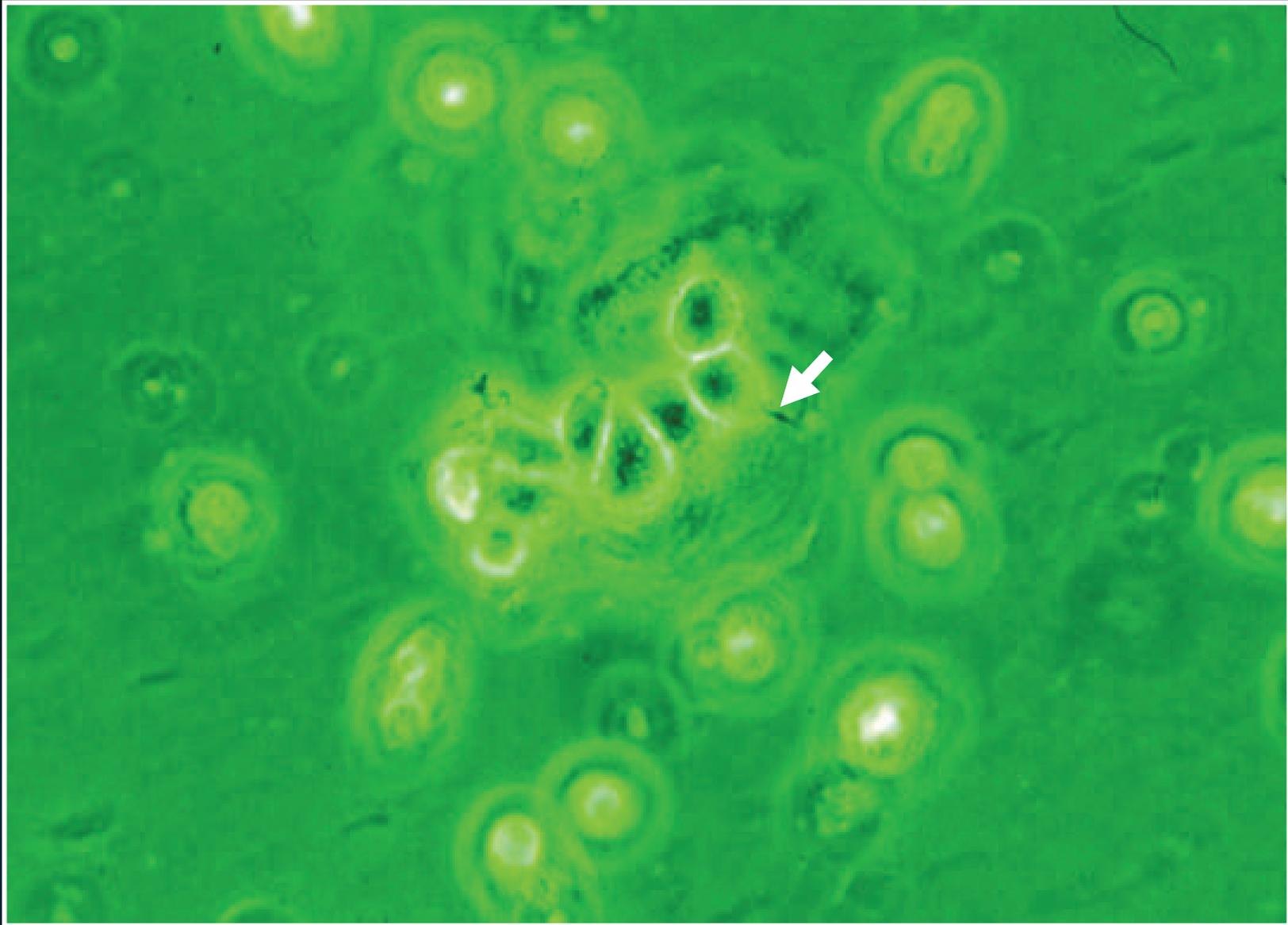


Differential
diagnosis

vs **Trichomonas**
petechiae



Trichomonas strawberry appearance



cluster of **Trichomonads**

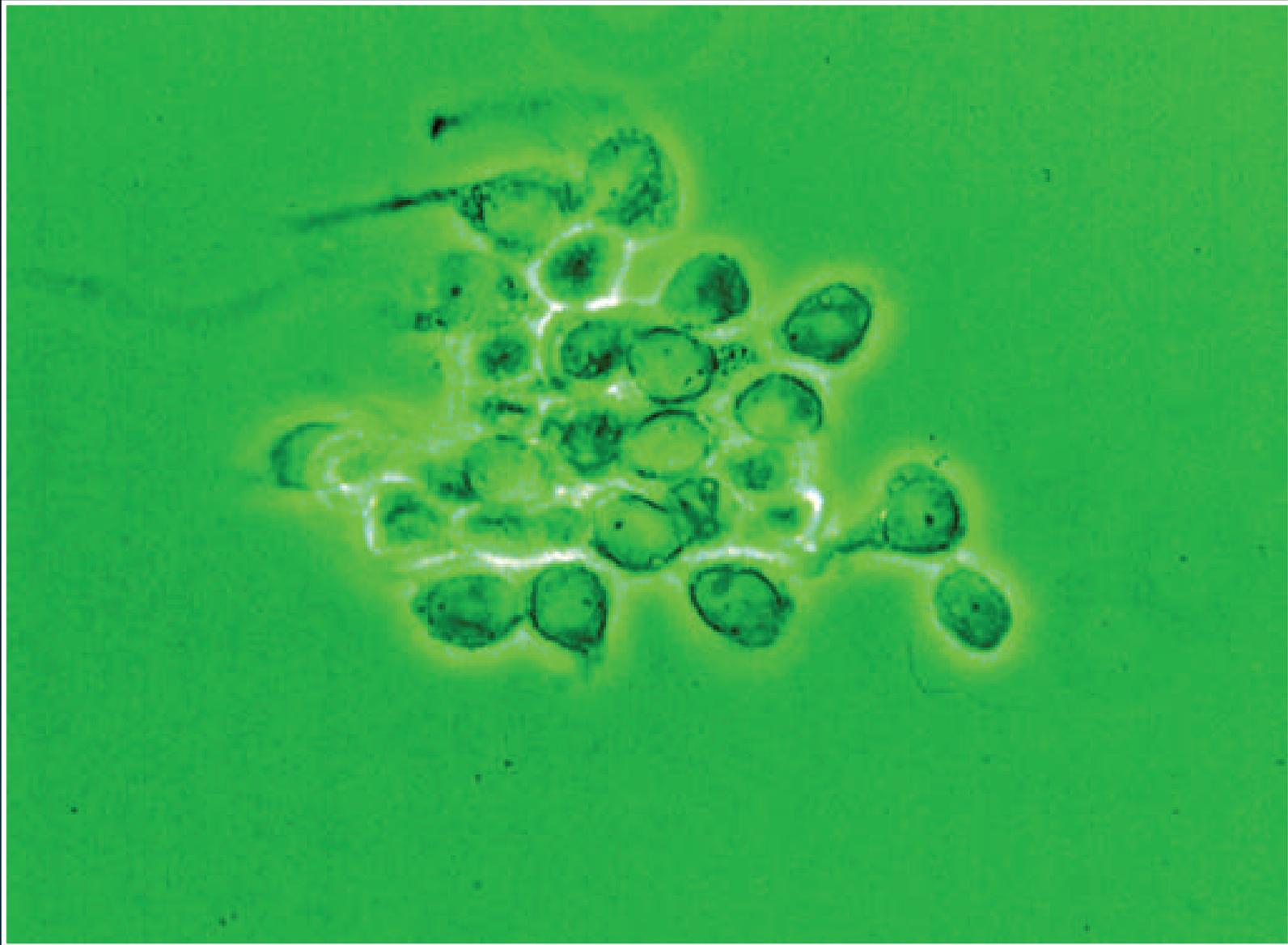


Differential
diagnosis

vs **dystrophic**
petechiae



dystrophic petechiae



atrophic smear

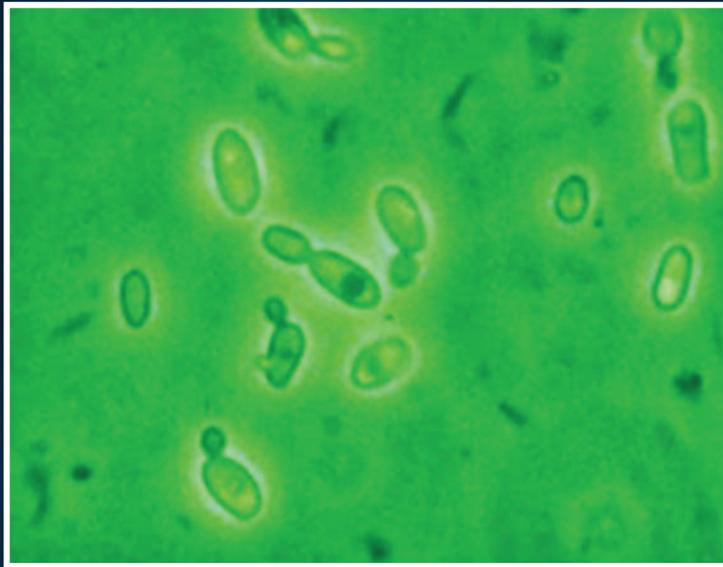
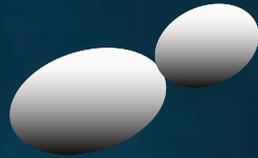
CANDIDA

Direct microscopy:

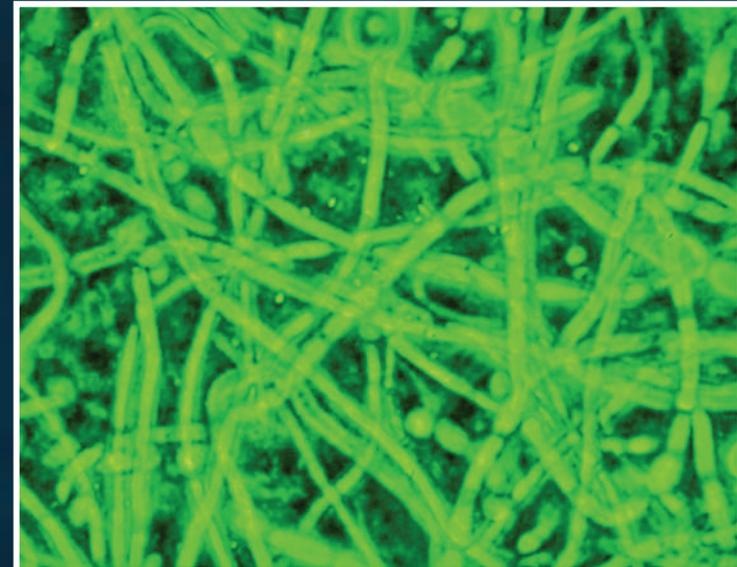
- blastospores
- hyphae
- Candida cytopathy



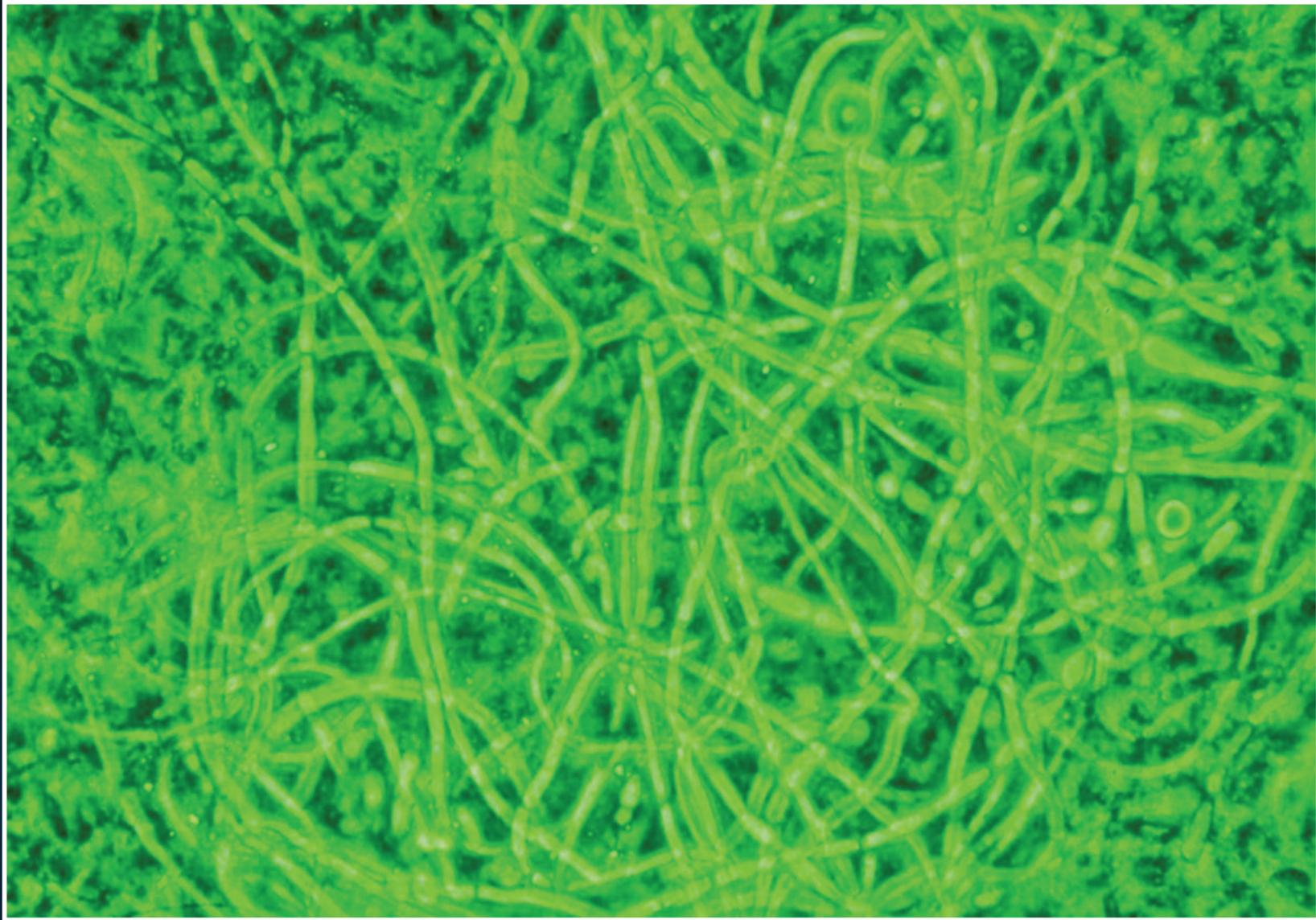
CANDIDA



budding blastospores



branching hyphae



branching and budding hyphae

Laboratory

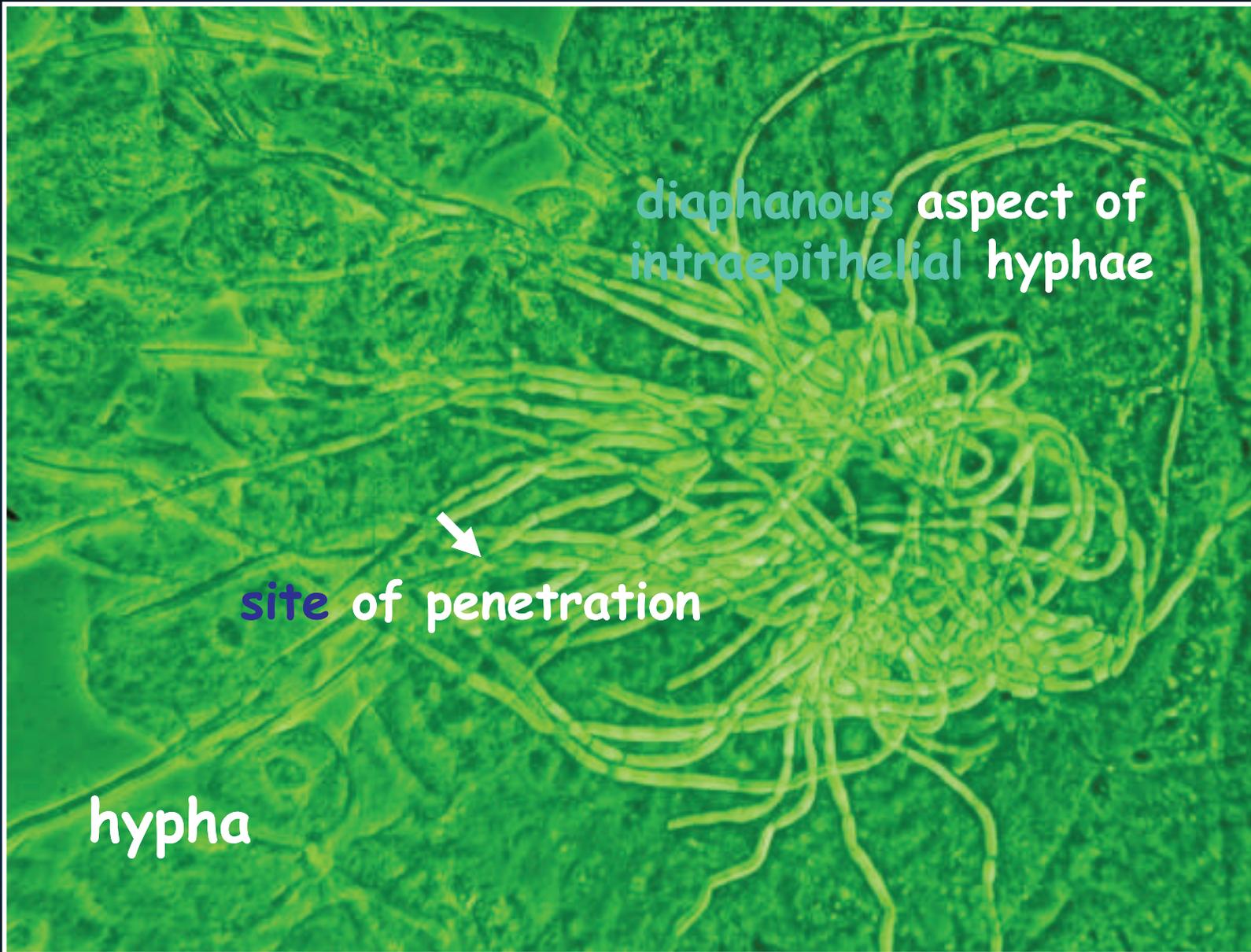


Traps

Frequently, despite the presence of irritative symptoms, fungal blastospores and hyphae **are not visible** under direct microscopic examination and cultures yield **negative results**



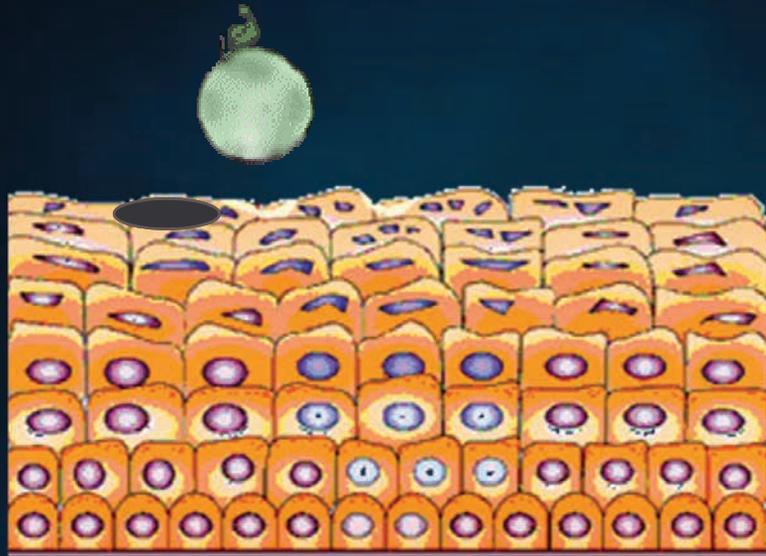
Candida uses
proteases to
penetrate through
the vaginal epithelium



diaphanous aspect of
intraepithelial hyphae

site of penetration

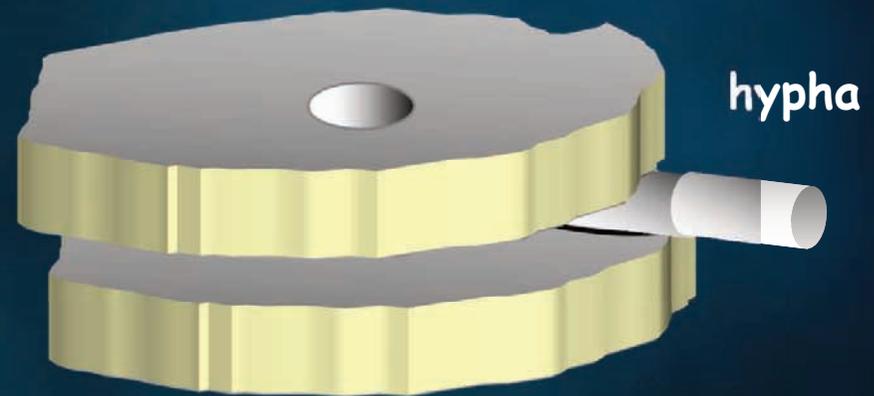
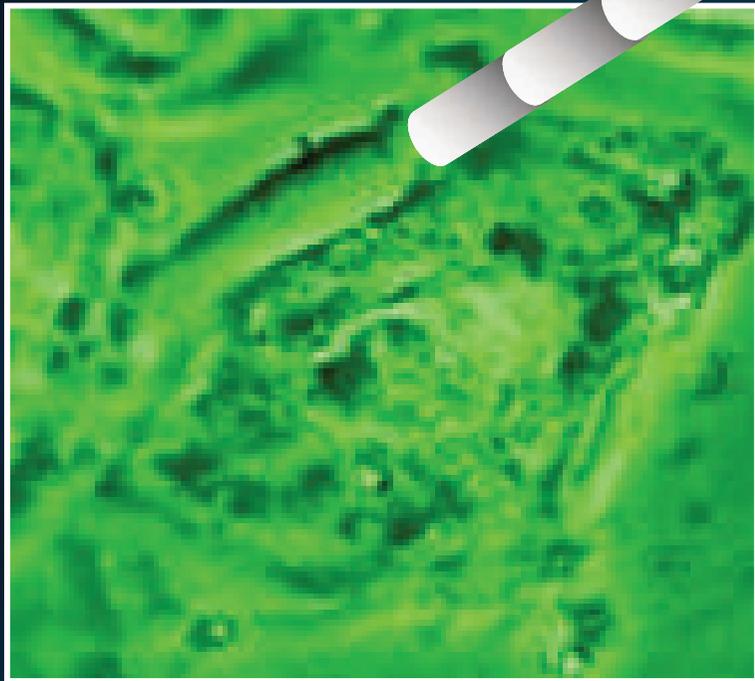
hypha



Passing through
the vaginal
epithelium,

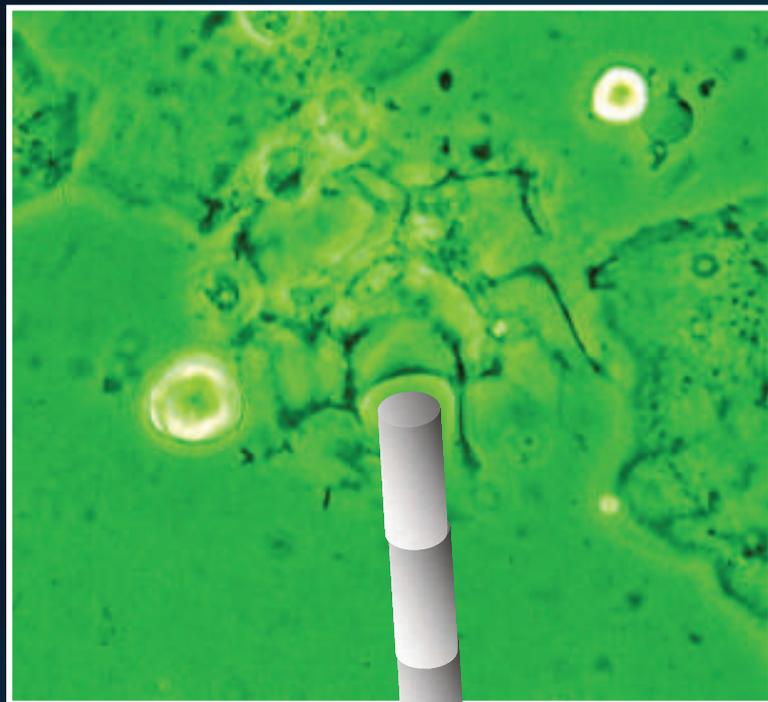
Candida causes a specific
cytopathy, that can be easily
detected by **direct microscopy**

CANDIDA EPITHELIAL **INVASION**

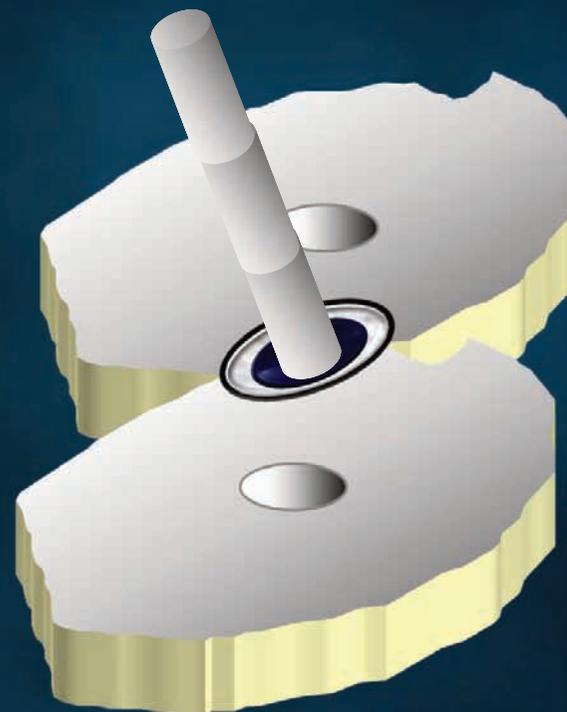


Candida cytopathy:
cytoplasmic **GROOVE**

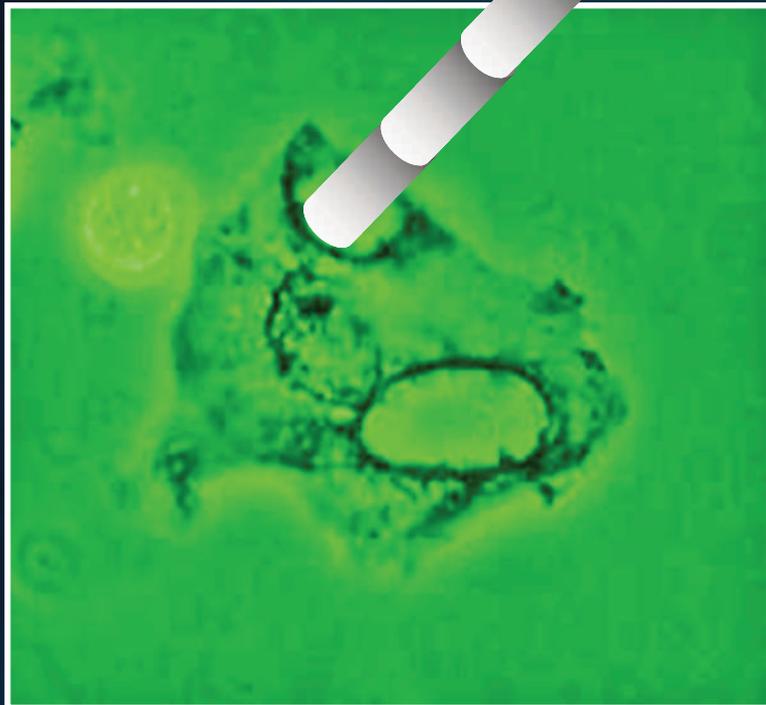
CANDIDA EPITHELIAL **INVASION**



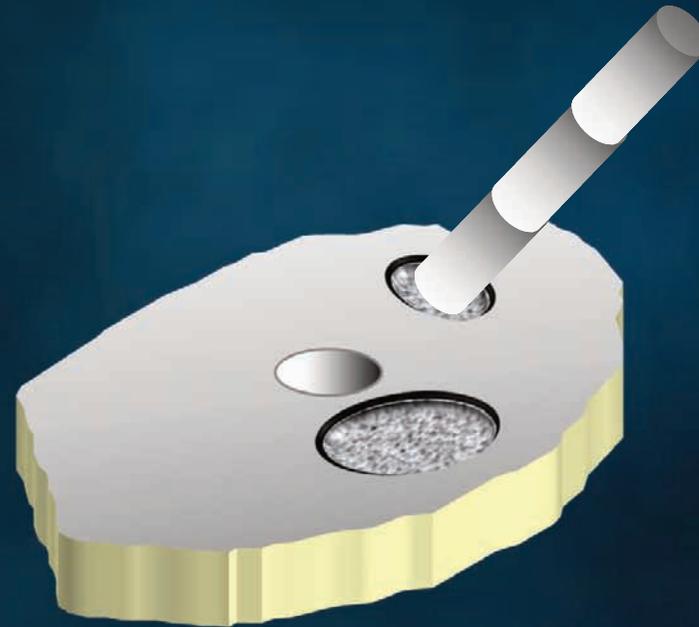
Candida cytopathy:
marginal **EROSION**



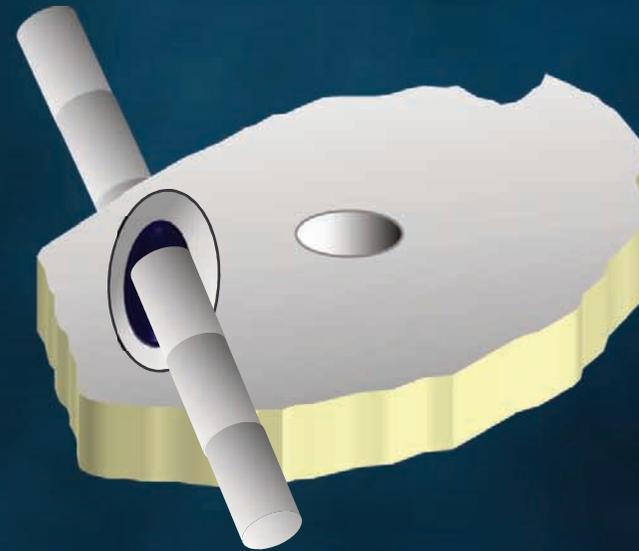
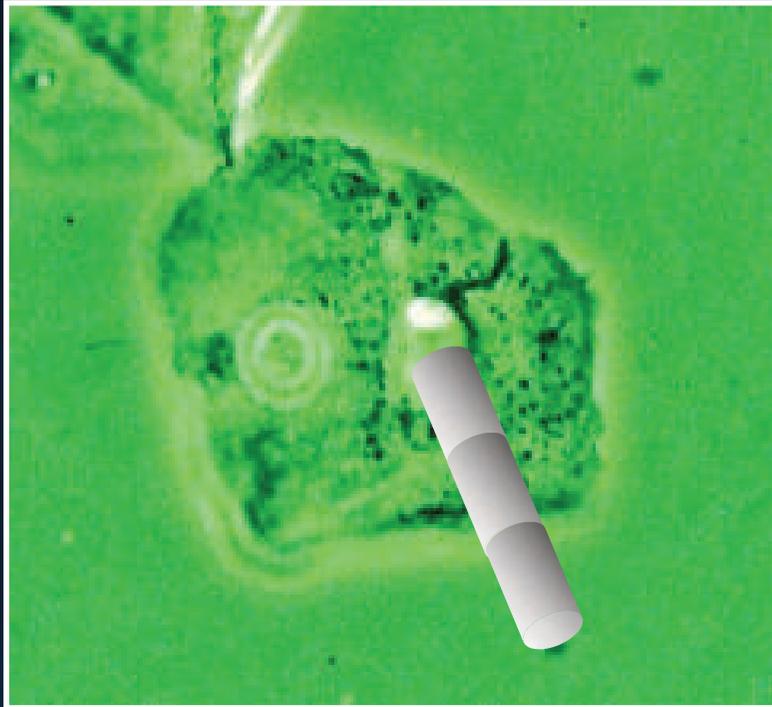
CANDIDA EPITHELIAL **INVASION**



Candida cytopathy:
cytoplasmic **HOLES**

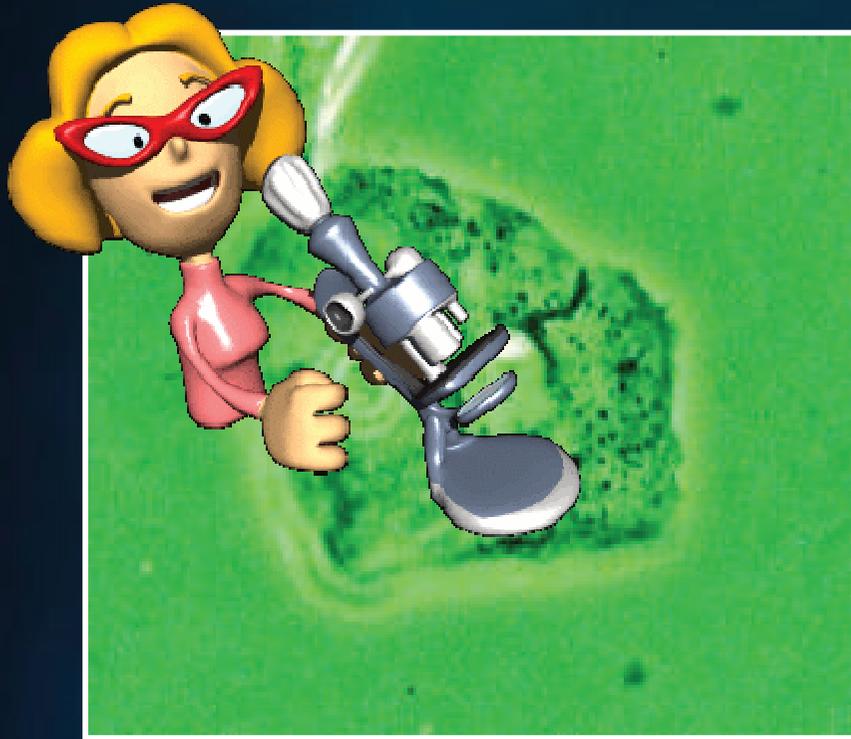


CANDIDA EPITHELIAL **INVASION**

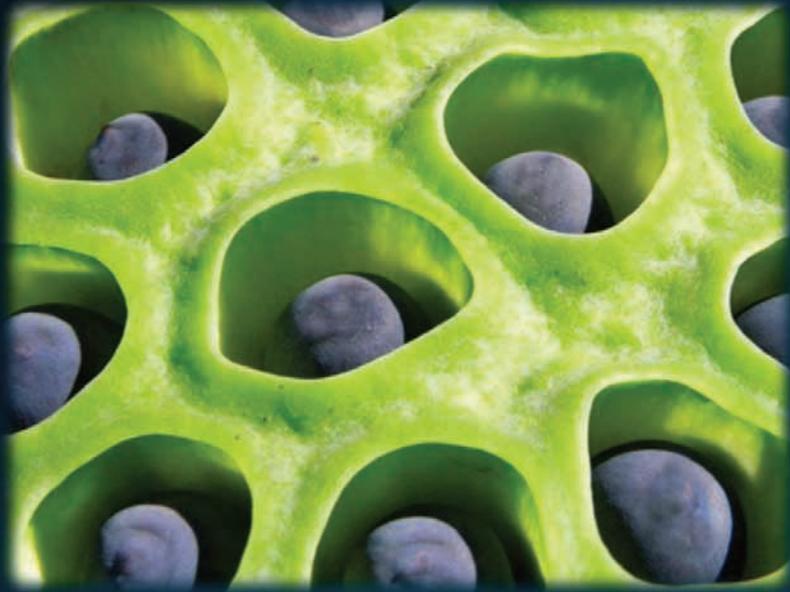


Candida cytopathy:
cytoplasmic **TUNNEL**

CANDIDA EPITHELIAL **INVASION**



Candida cytopathy
can be recognized
only by the use of
direct microscopy



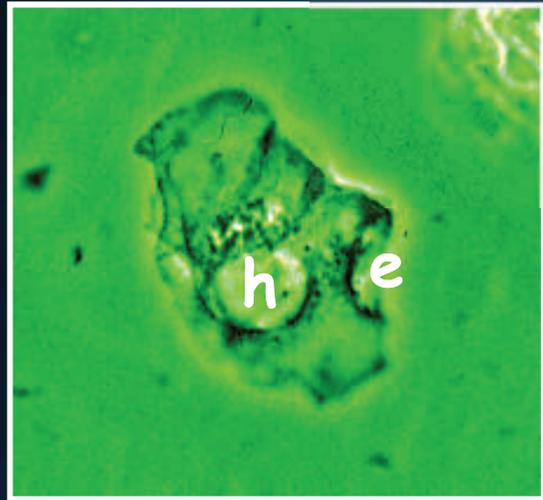
Candida cytopathy

detection may

be usefull to diagnose

hidden fungal infections

in different districts



Candida cytopathy
(cytoplasmic hole
and marginal erosion)



10 days after debridement

Infective

male partner

usually presents

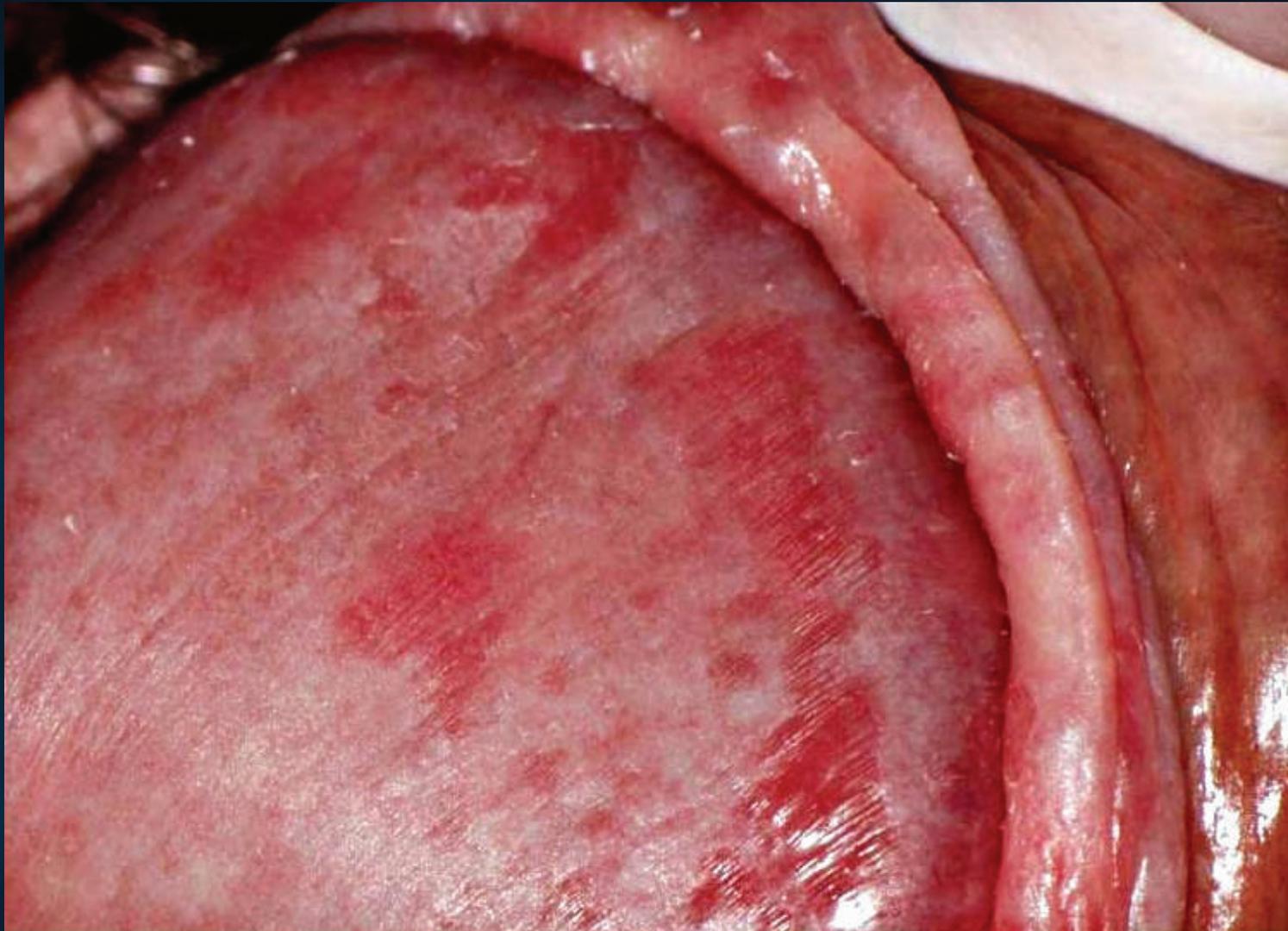
no penile **signs**

or **symptoms**

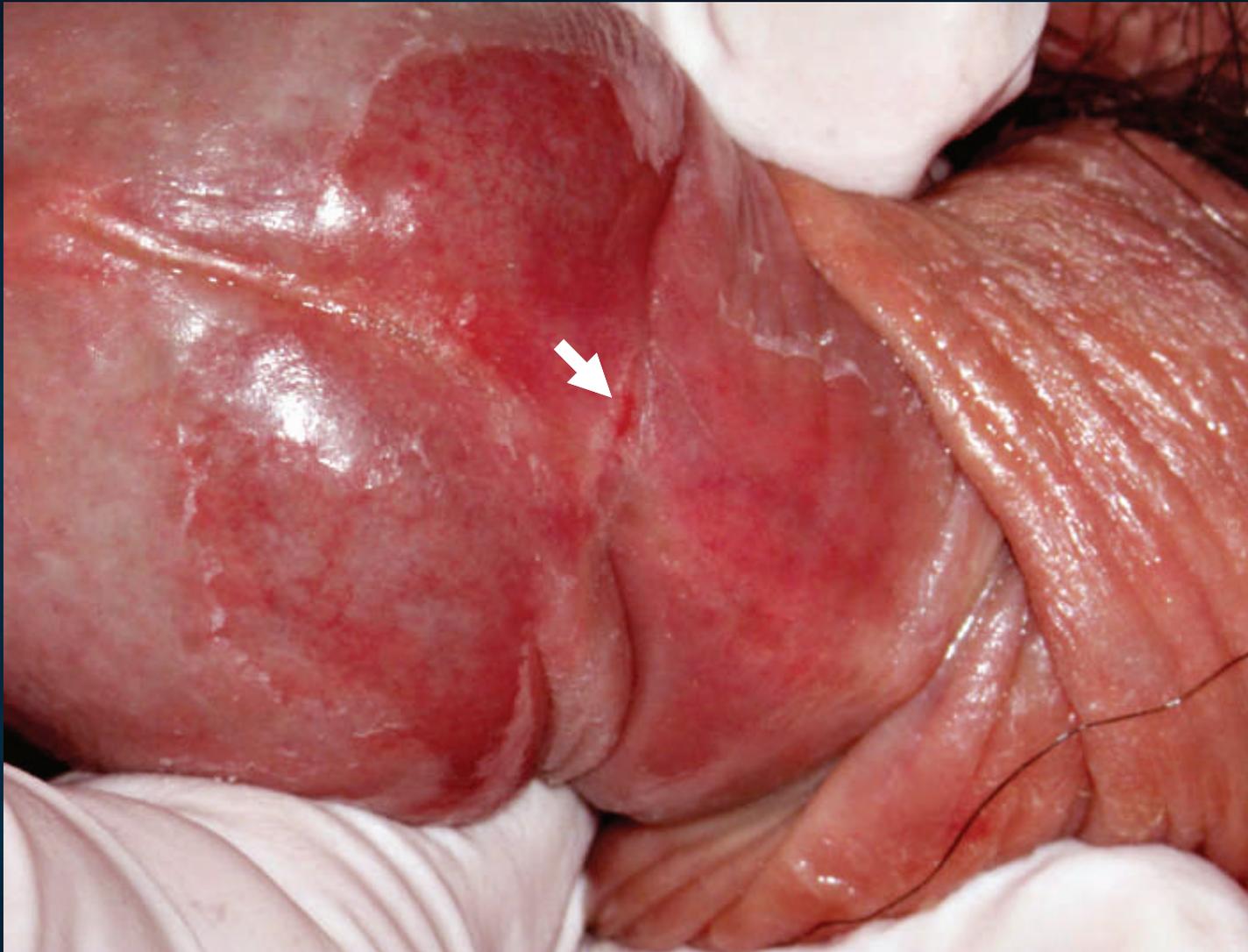




erythematous balanoposthitis



erythematous patches



erythema and fissure



maculae



micro **blisters**



exfoliating balanoposthitis

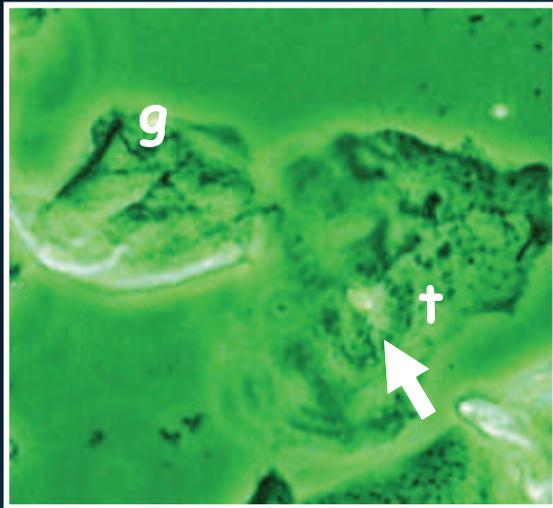


exudative balanoposthitis



Is it possible
to investigate
the **recalcitrant**
male partner?

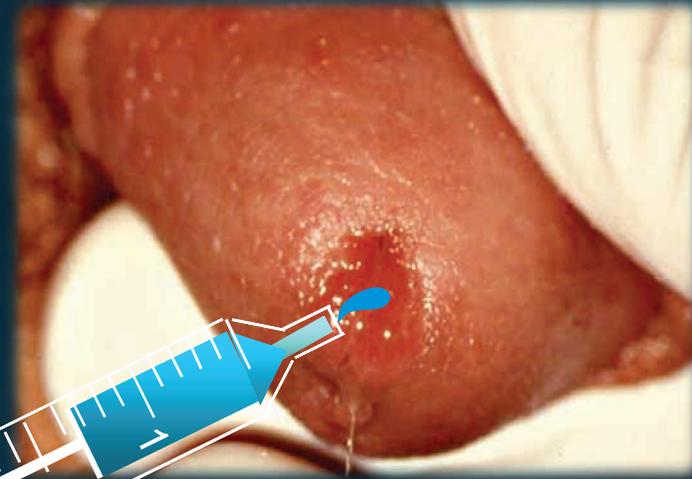
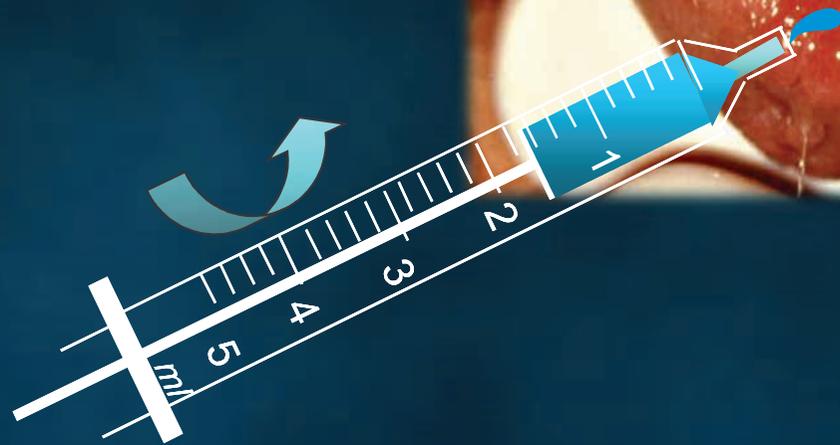
CUTANEOUS wet mount



Candida cytopathy:
(cytoplasmic **groove** and
and **tunnel** in horny cell)

URINARY wet mount

Colonization Level

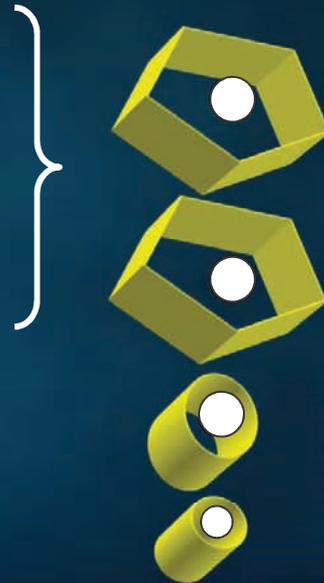


URINARY EPITHELIA

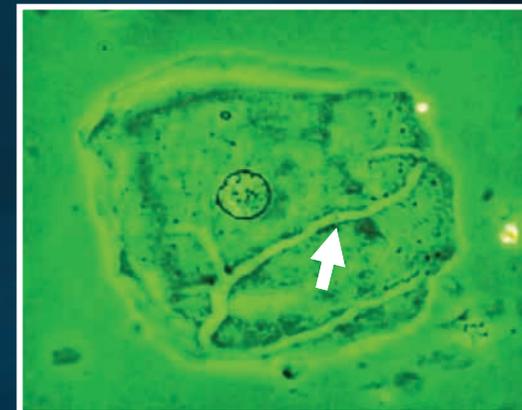


distal 1/3rd

squamous

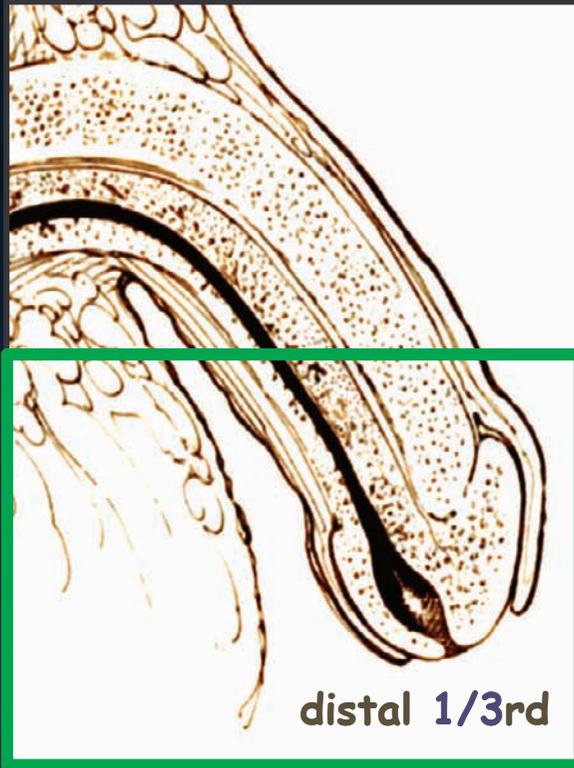


URO-wet mount

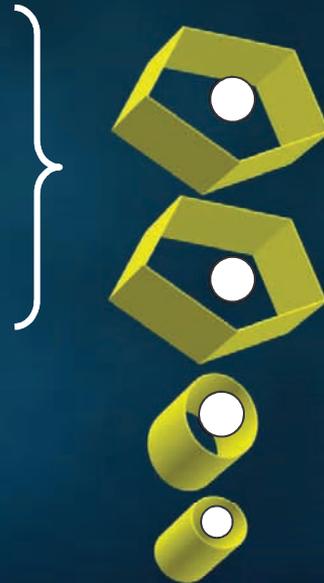


grooves

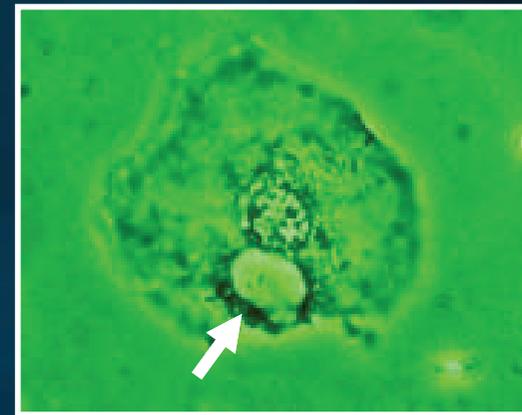
URINARY EPITHELIA



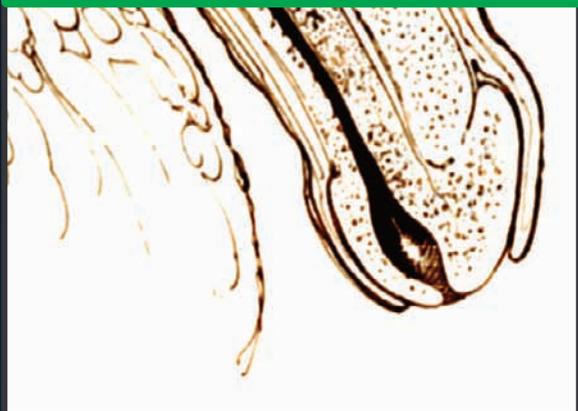
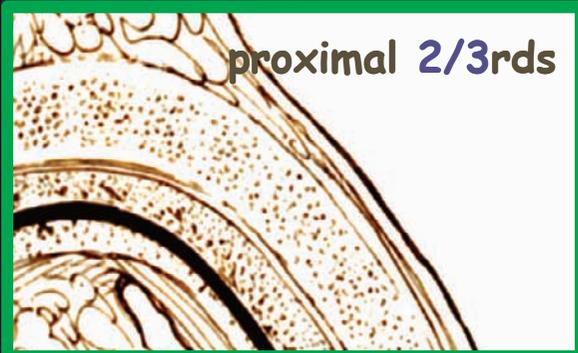
squamous



URO-wet mount



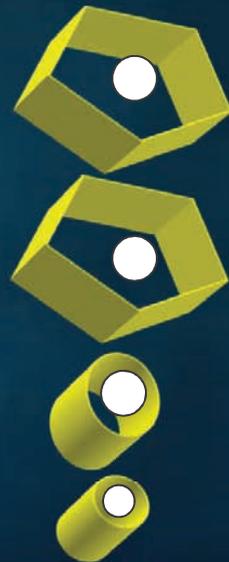
URINARY EPITHELIA



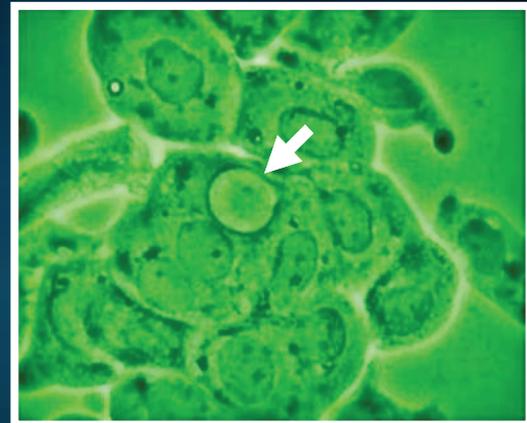
transitional



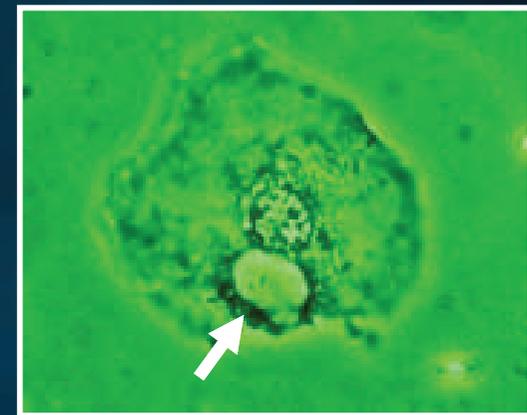
squamous



URO-wet mount

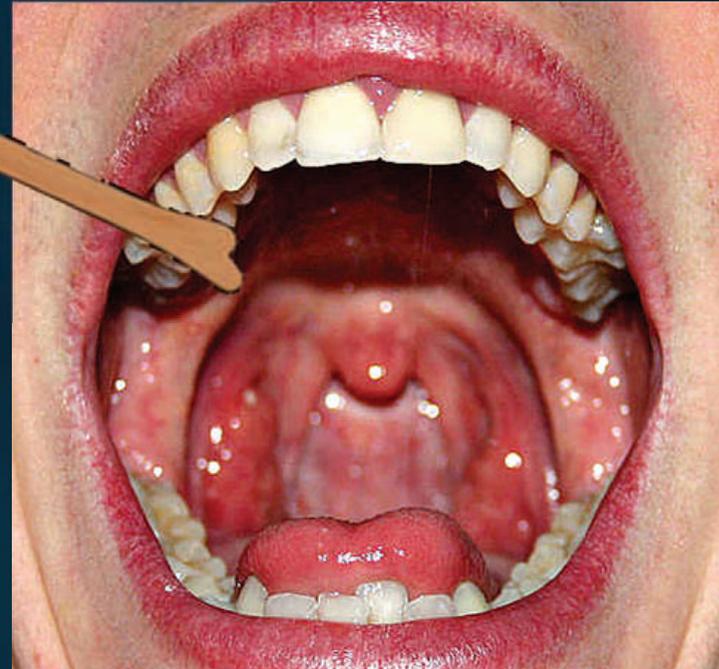
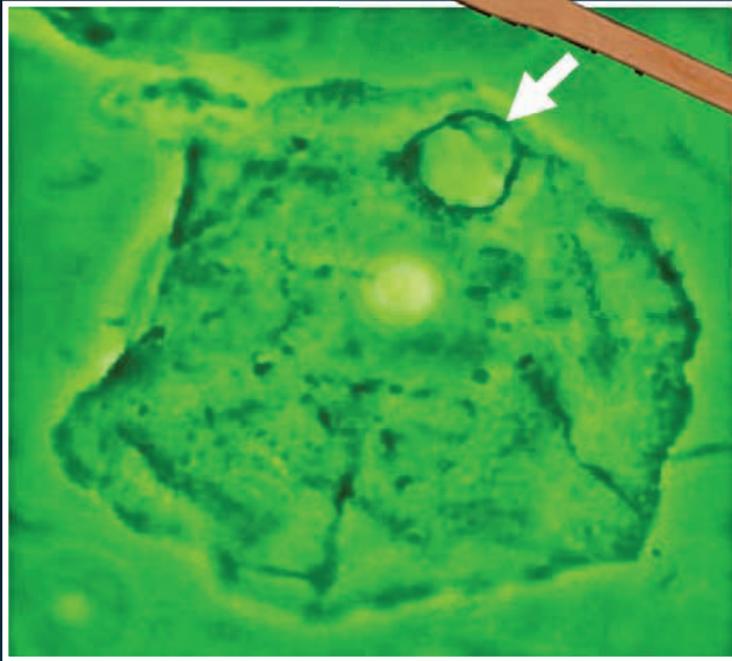


hole



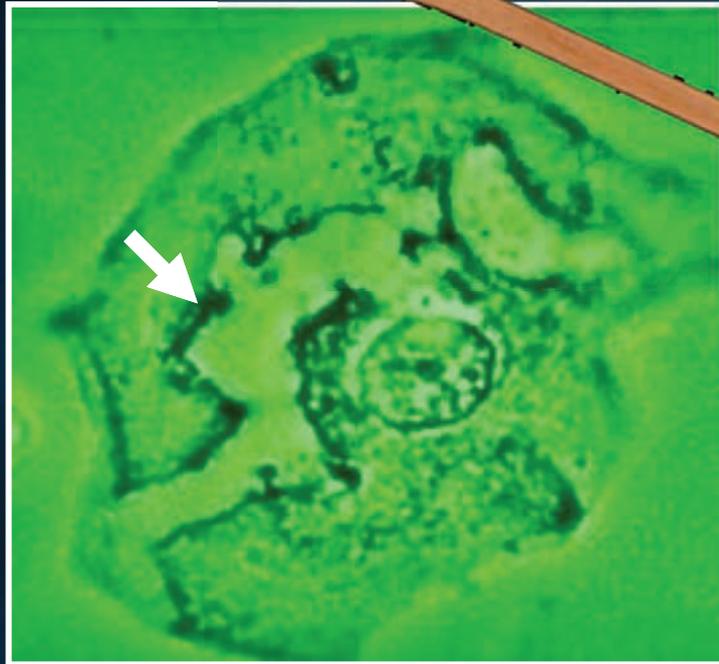
hole

BUCCAL wet mount



Candida **cytopathy**:
cytoplasmic **tunnel**

RECTAL wet mount

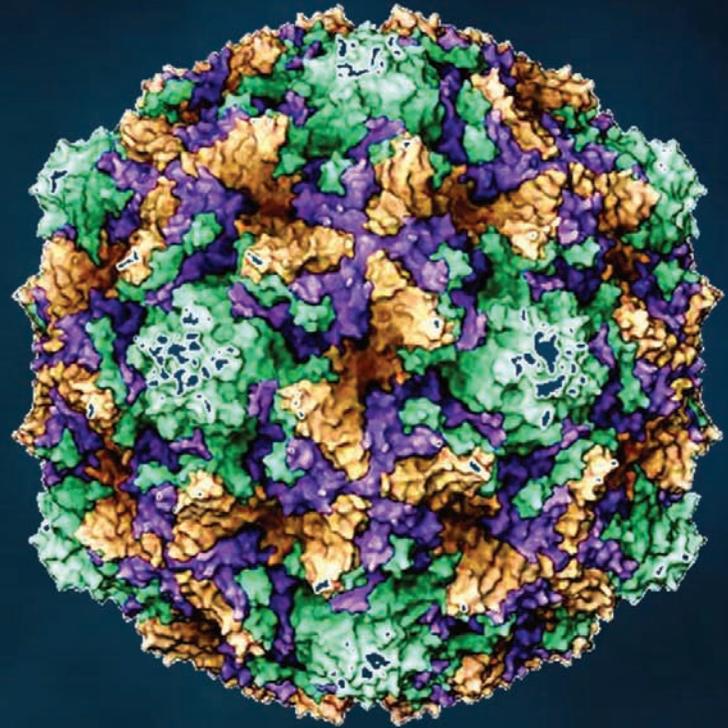


Candida **cytopathy**:
cytoplasmic **holes**

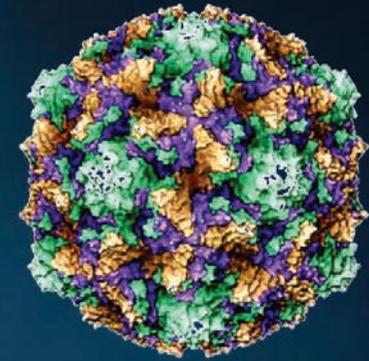
Human

Papilloma

Virus



Human Papilloma



Virus is the

most common sexual

transmitted infection



condyloma **acuminatum** of the palate



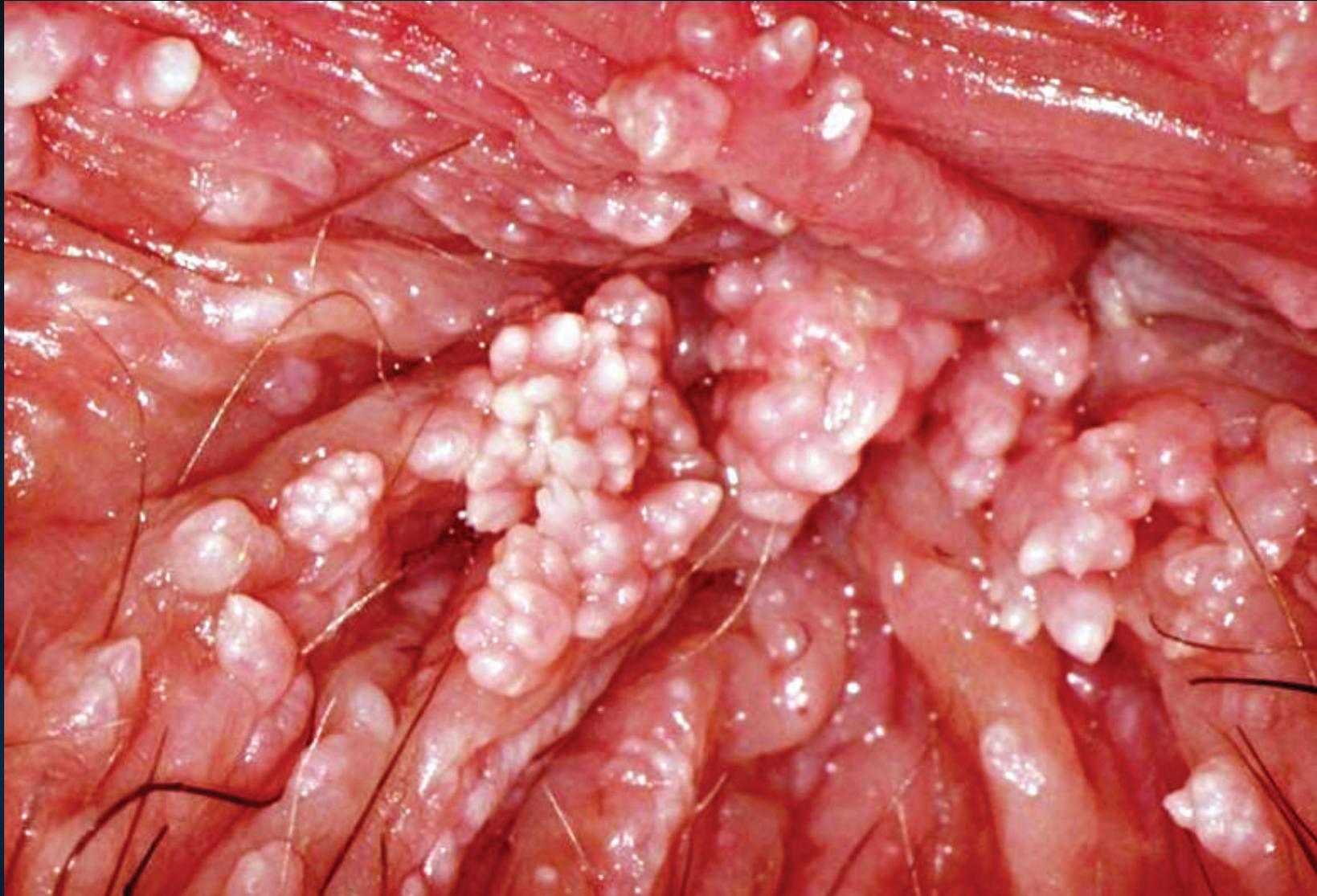
condyloma **acuminatum** of the tongue



hymenal **flat** condyloma



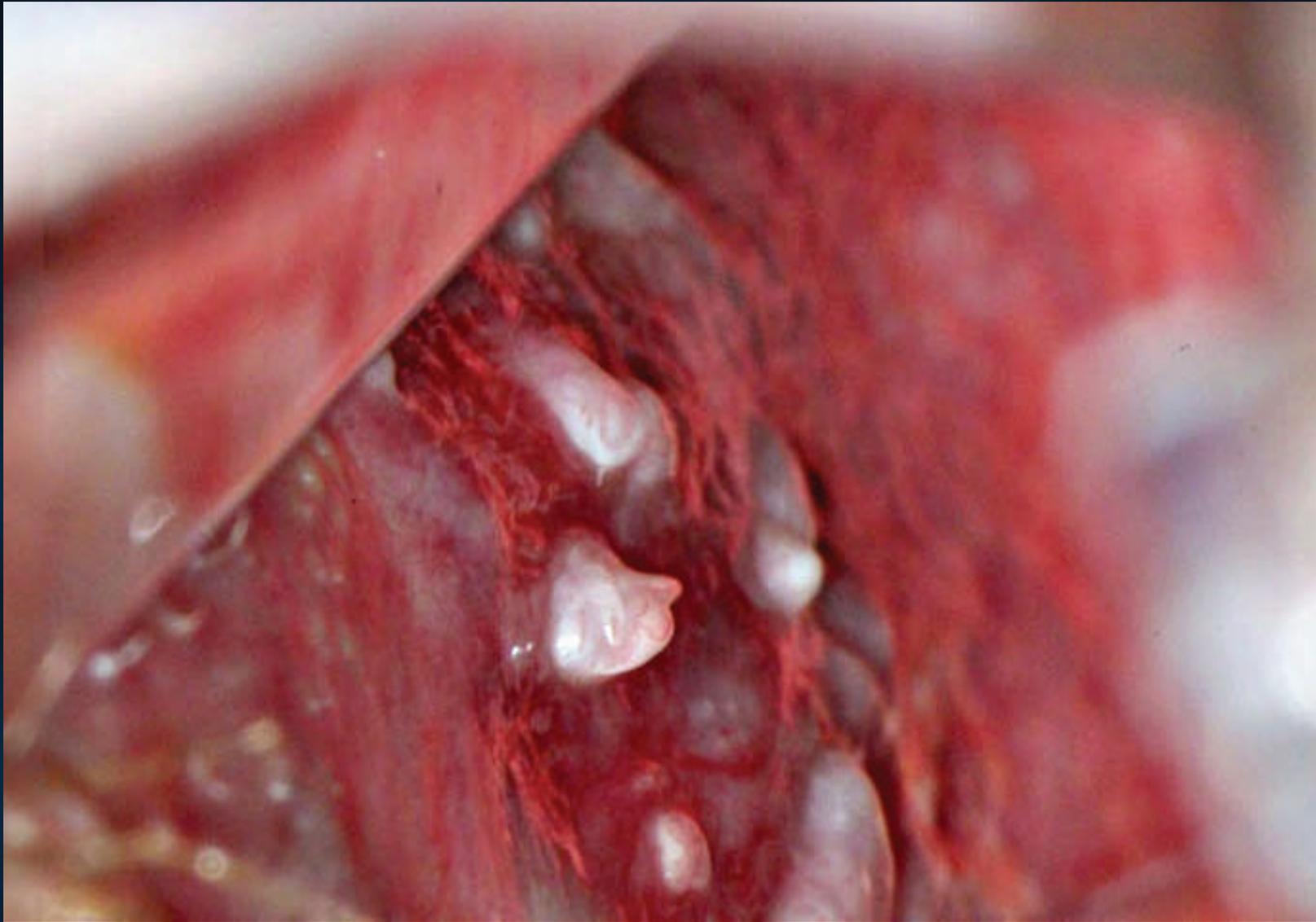
perianal **flat** condyloma



anal florid condyloma



In presence
of **anal**
condyloma
is **advisable**
to inspect the
lower **rectal mucosa**

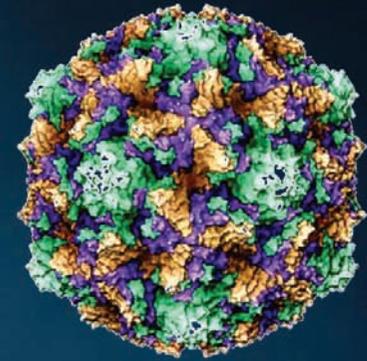


rectal florid condyloma



penile florid condyloma

HPV is the **major**



infectious aetiological

agent associated with

the development of **pre-**

cancerous lesions of cervix

HPV infection

may have

no abnormal

colposcopic

finding



Direct microscopy

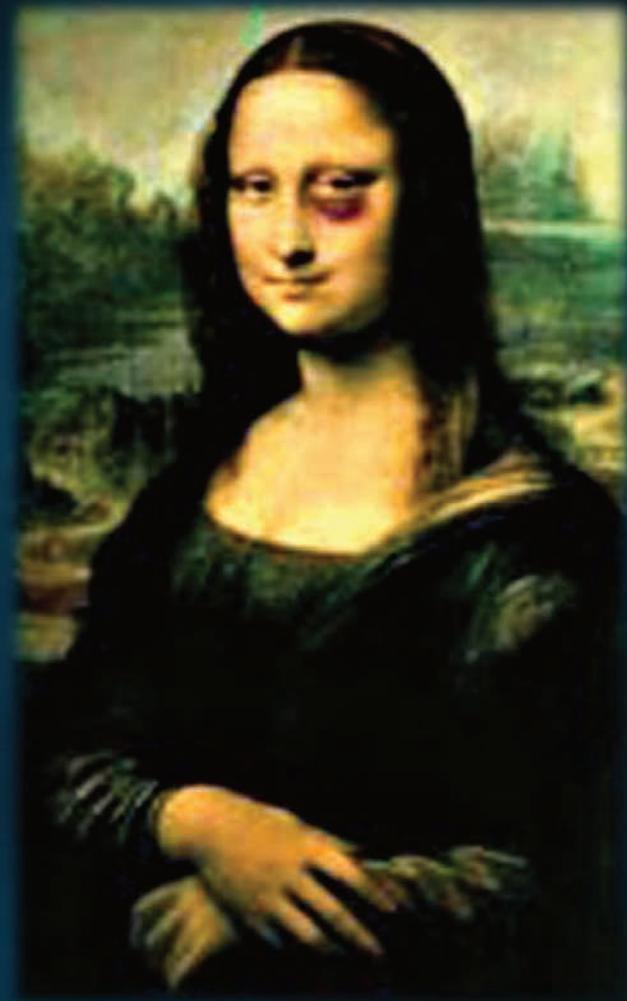
may represent

the only warning

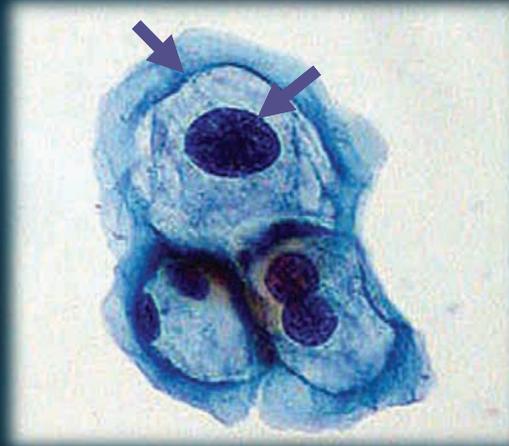
signal in patients

not referred

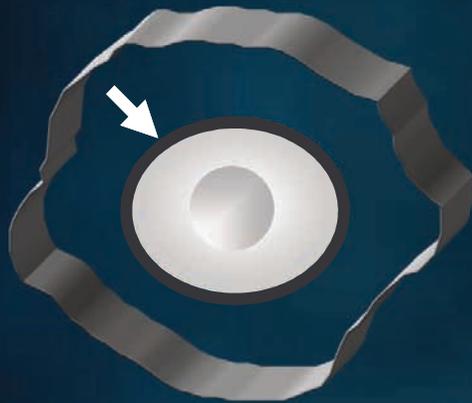
for Pap smear



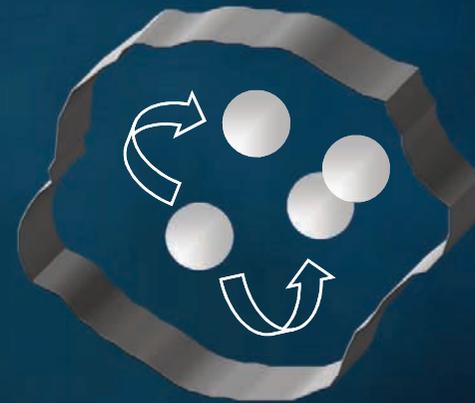
HPV-related **CELL** findings



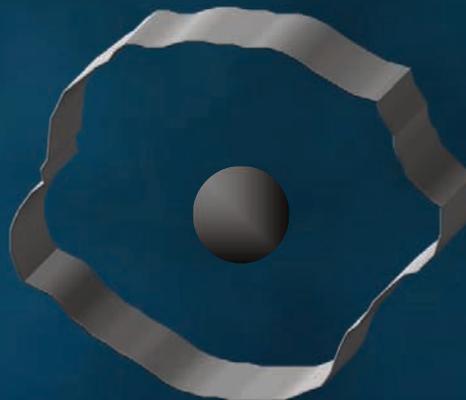
Pap smear



koilocyte

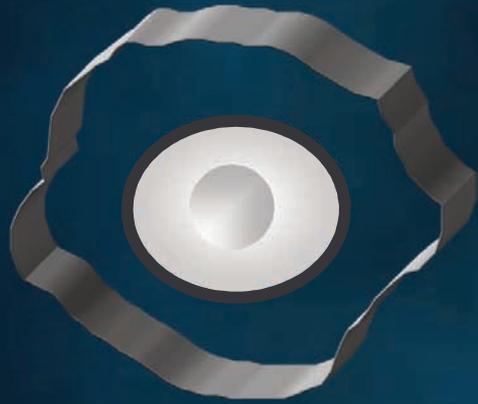


multinucleation

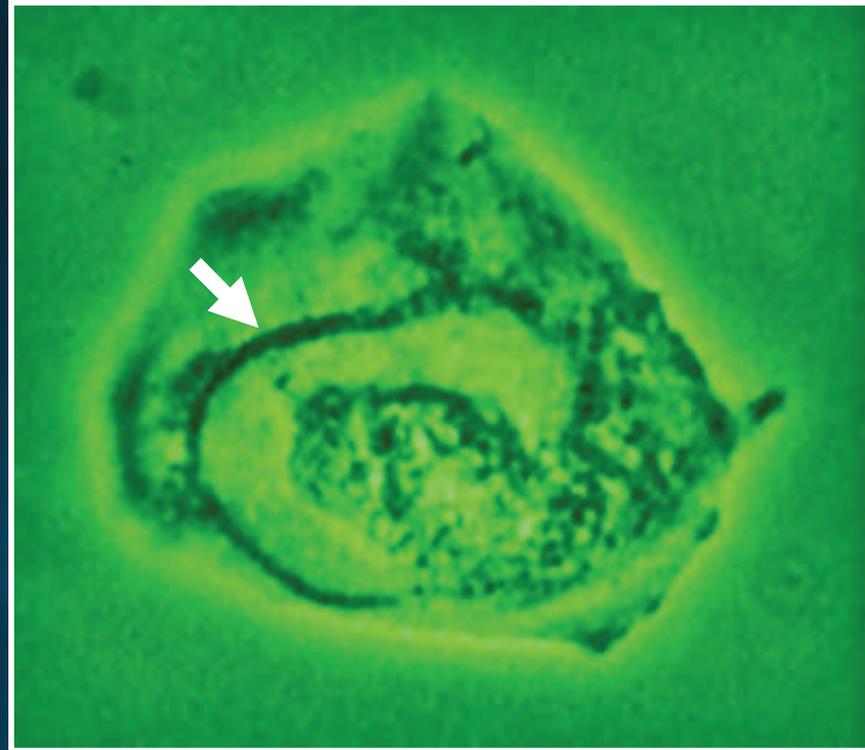


dark nucleus

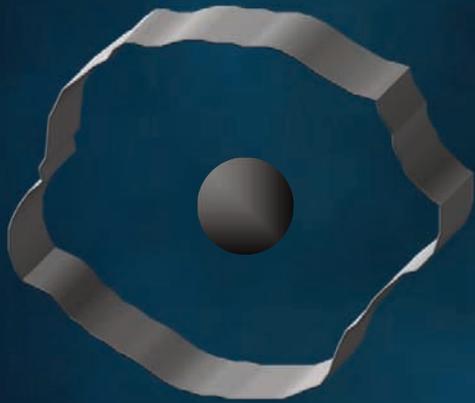
WET mount



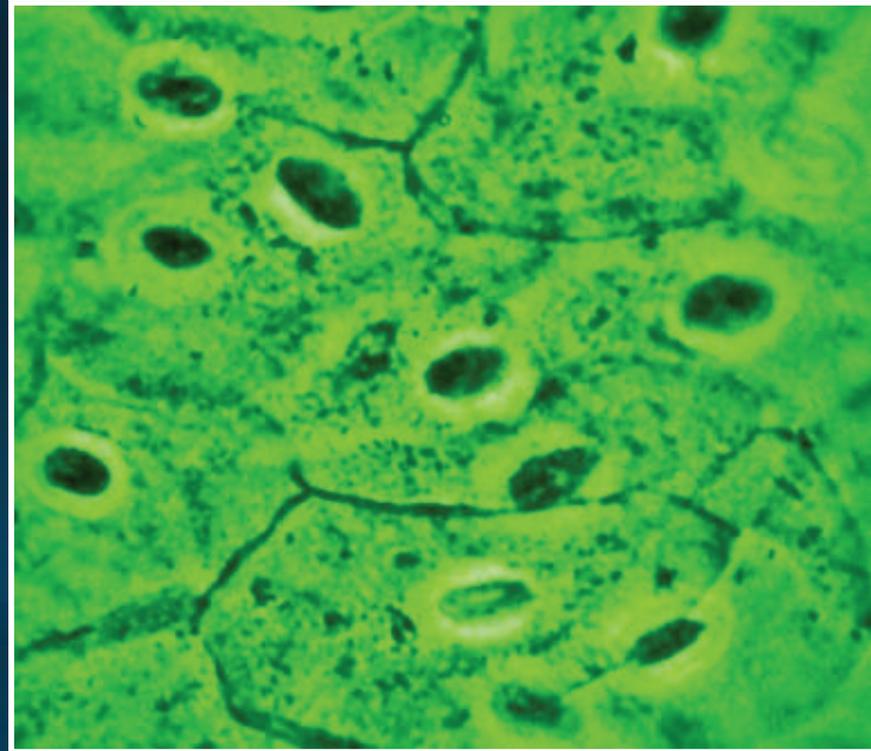
koilocyte



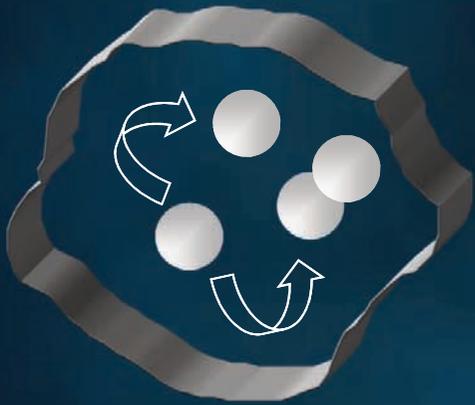
WET mount



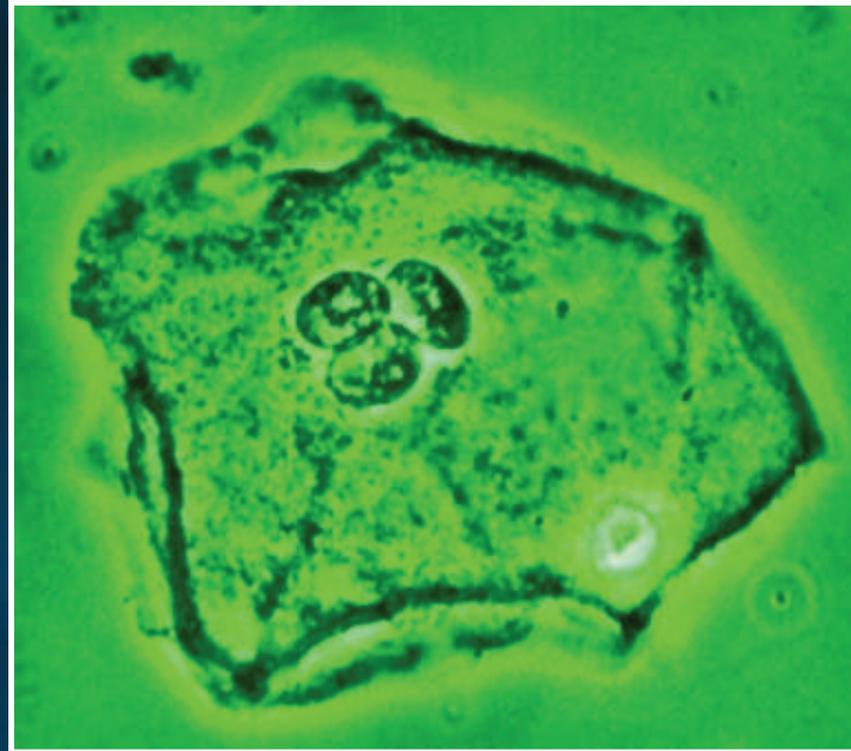
dark nuclei



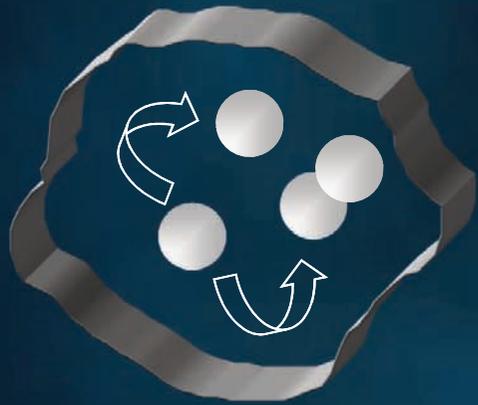
WET mount



multinucleation



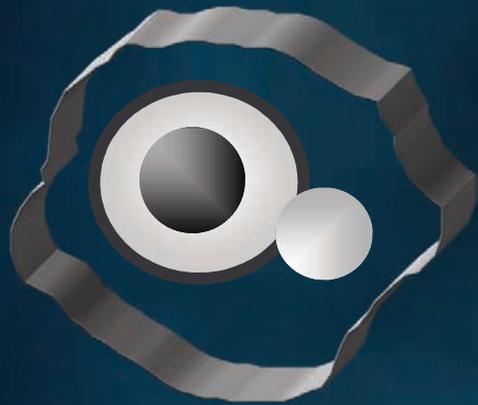
WET mount



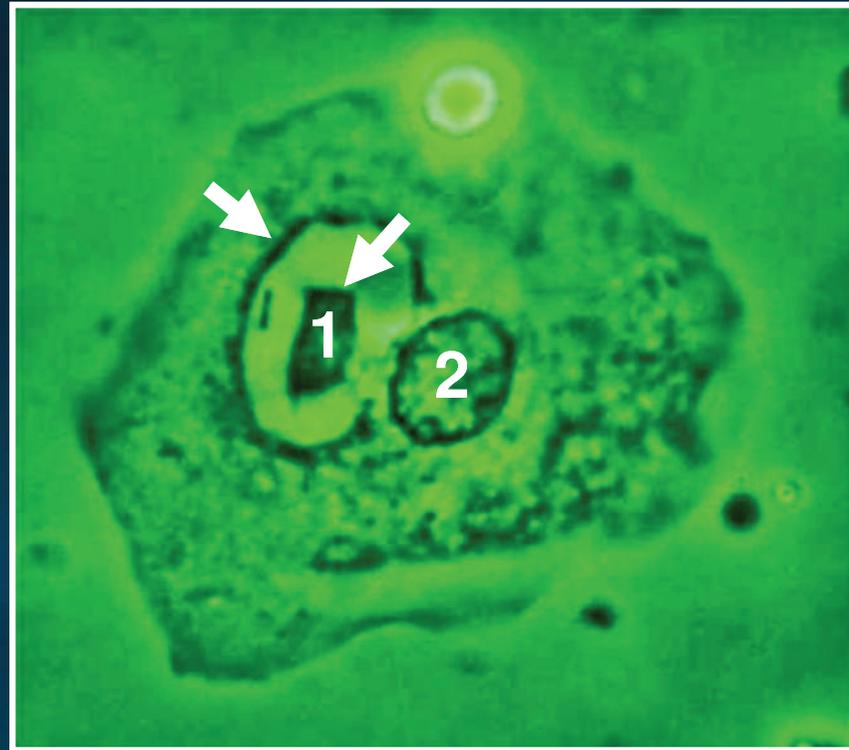
multinucleation



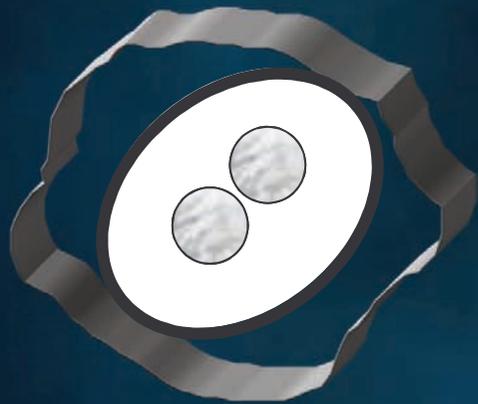
combined findings



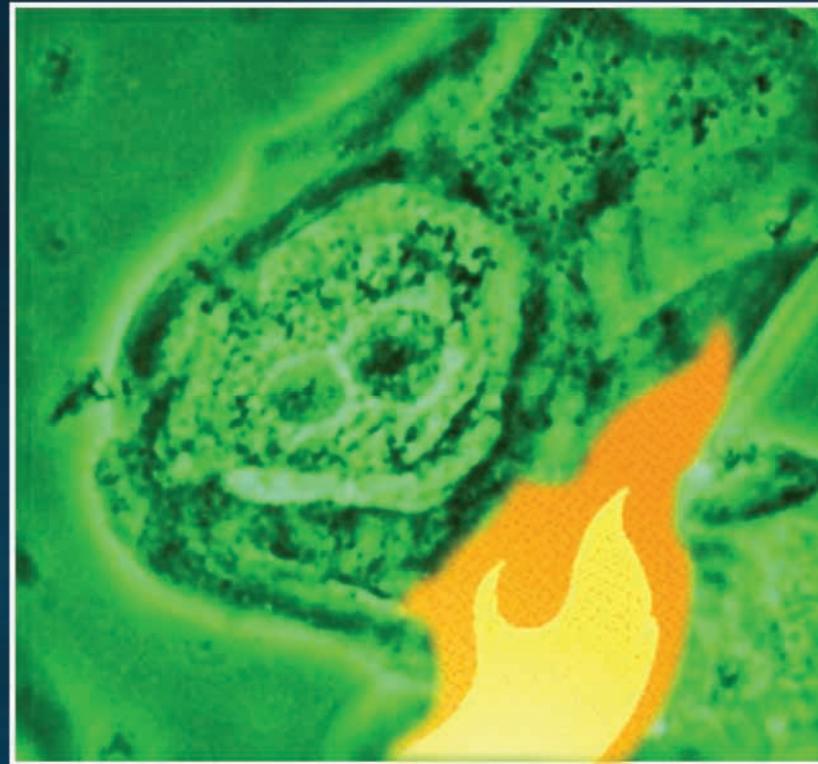
koilocyte
&
dark nucleus
&
binucleation



dyskaryotic cells

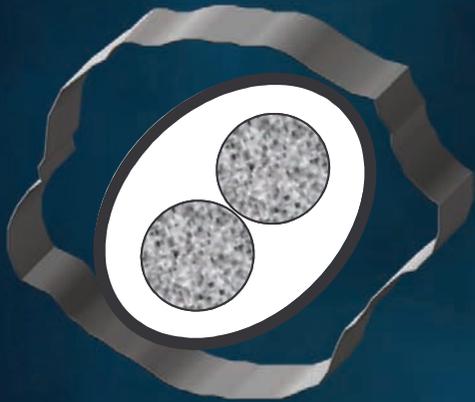


koilocyte
&
binucleation

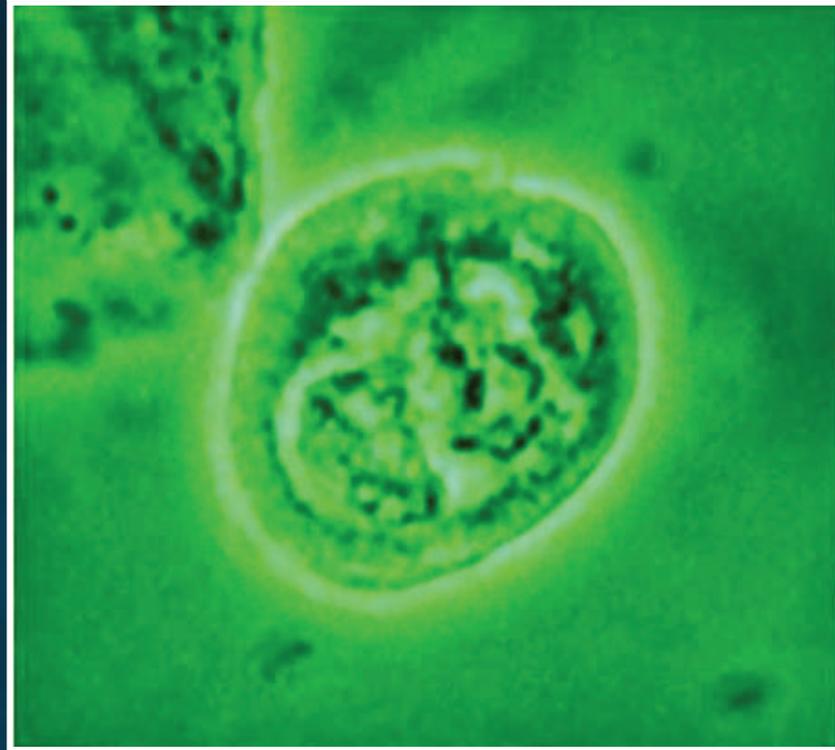


CIN 1/HPV

dyskaryotic cells

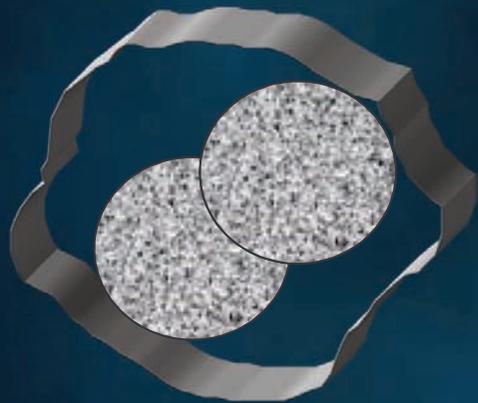


koilocyte
&
binucleation
with altered N/C R

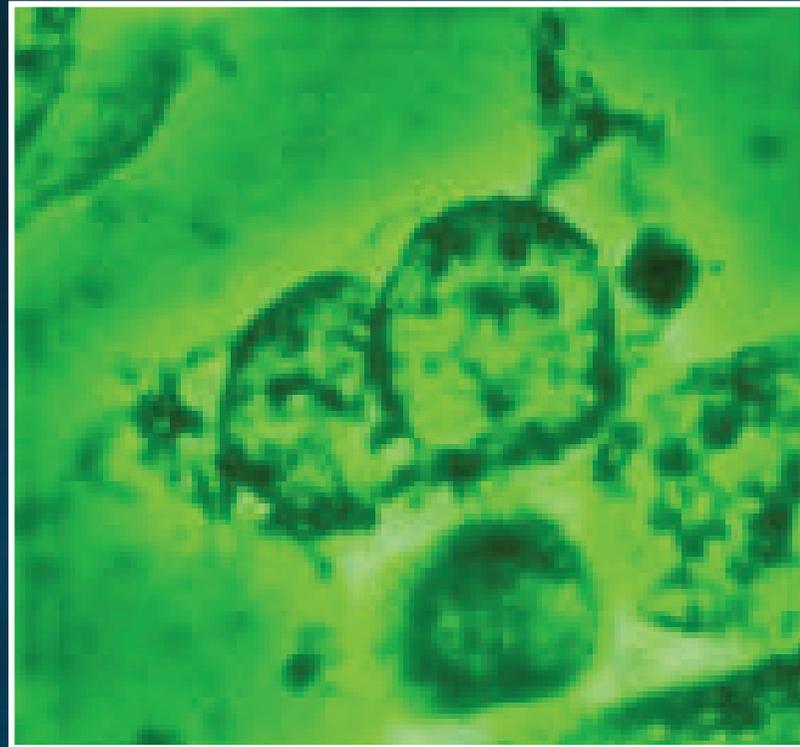


CIN 2

dyskaryotic cells



binucleation
&
inverted N/C R



CIN 3



HPV test



cytology

Which is the use of cytology
if HPV test is available?

Positive

HPV test

indicates infection

NOT disease!





+ HPV test

LATENT
infection



+ cytology

PRODUCTIVE
infection (LSIL)

TRANSFORMING
infection (HSIL)



Trichomonas vaginalis

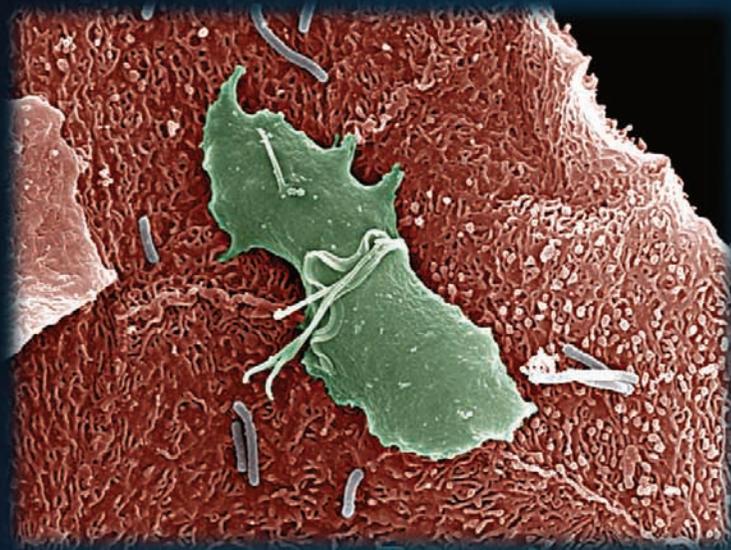


Bacterial Vaginosis (40%-50%)

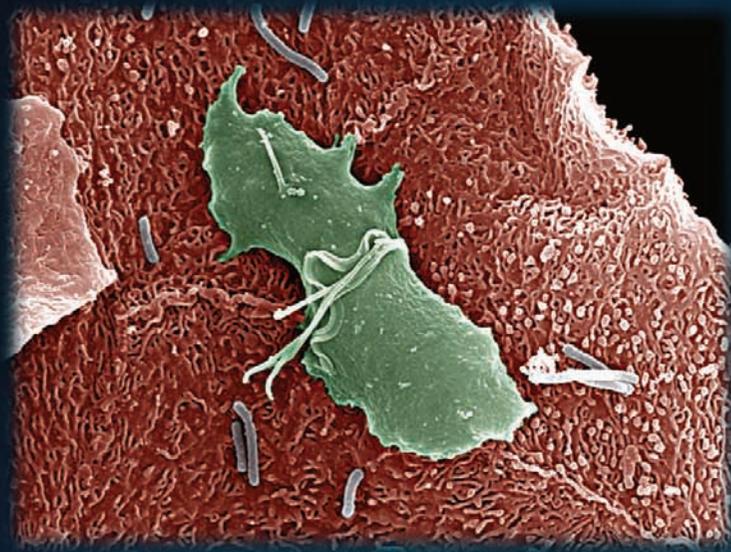


Trichomoniasis
(15%-20%)

Candidiasis
(20%-25%)



Trichomoniasis
is the
most common
non-viral sexually
transmitted pathogen



The WHO has
estimated that
more than **160**

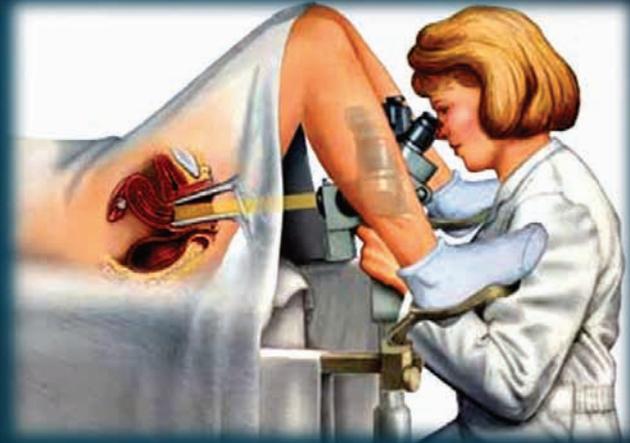
million people worldwide
are annually infected

TV has been associated
with other STDs such
as **HIV**, and may also
be a cause of **PID**

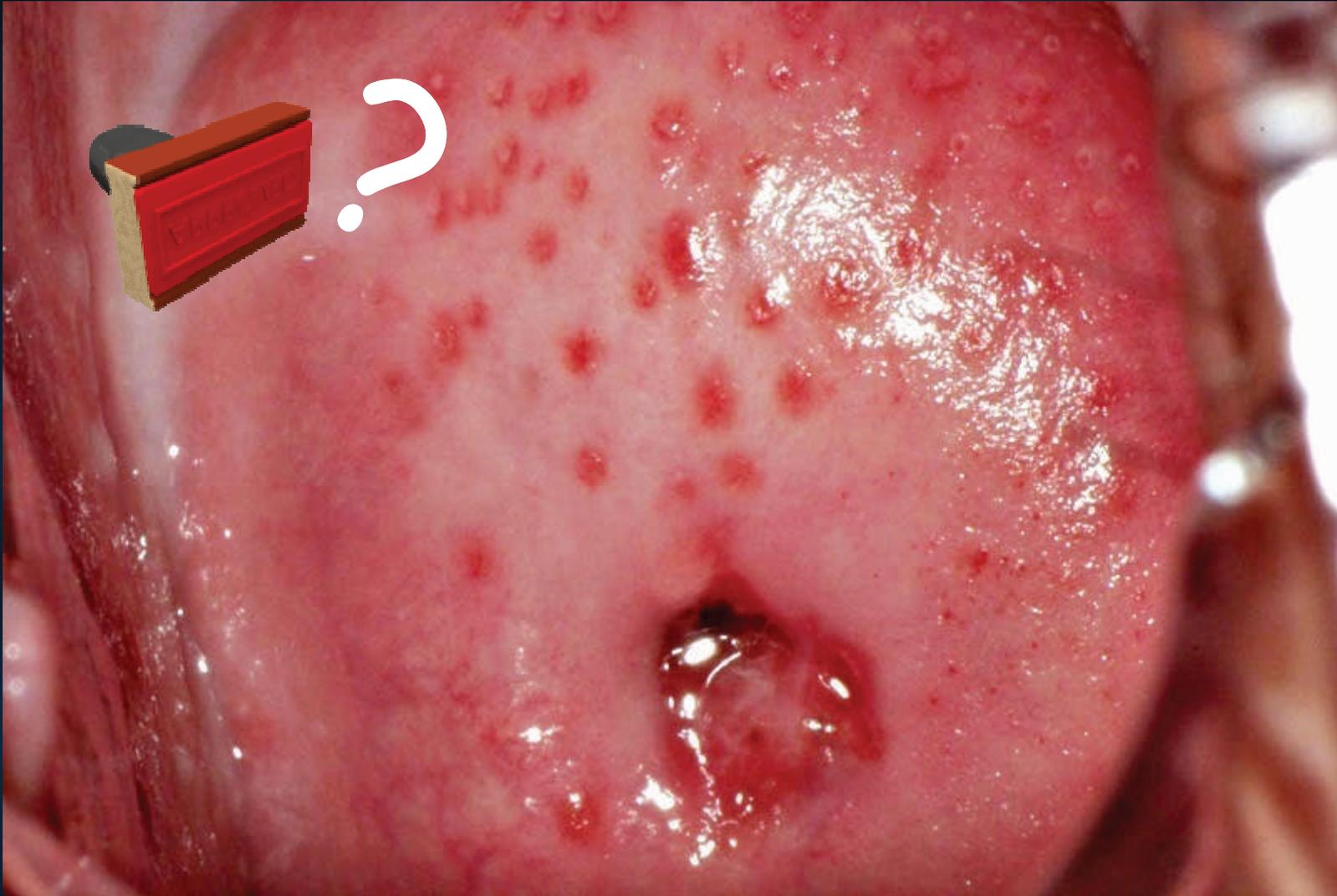
TRICHOMONAS v.

colposcopy:

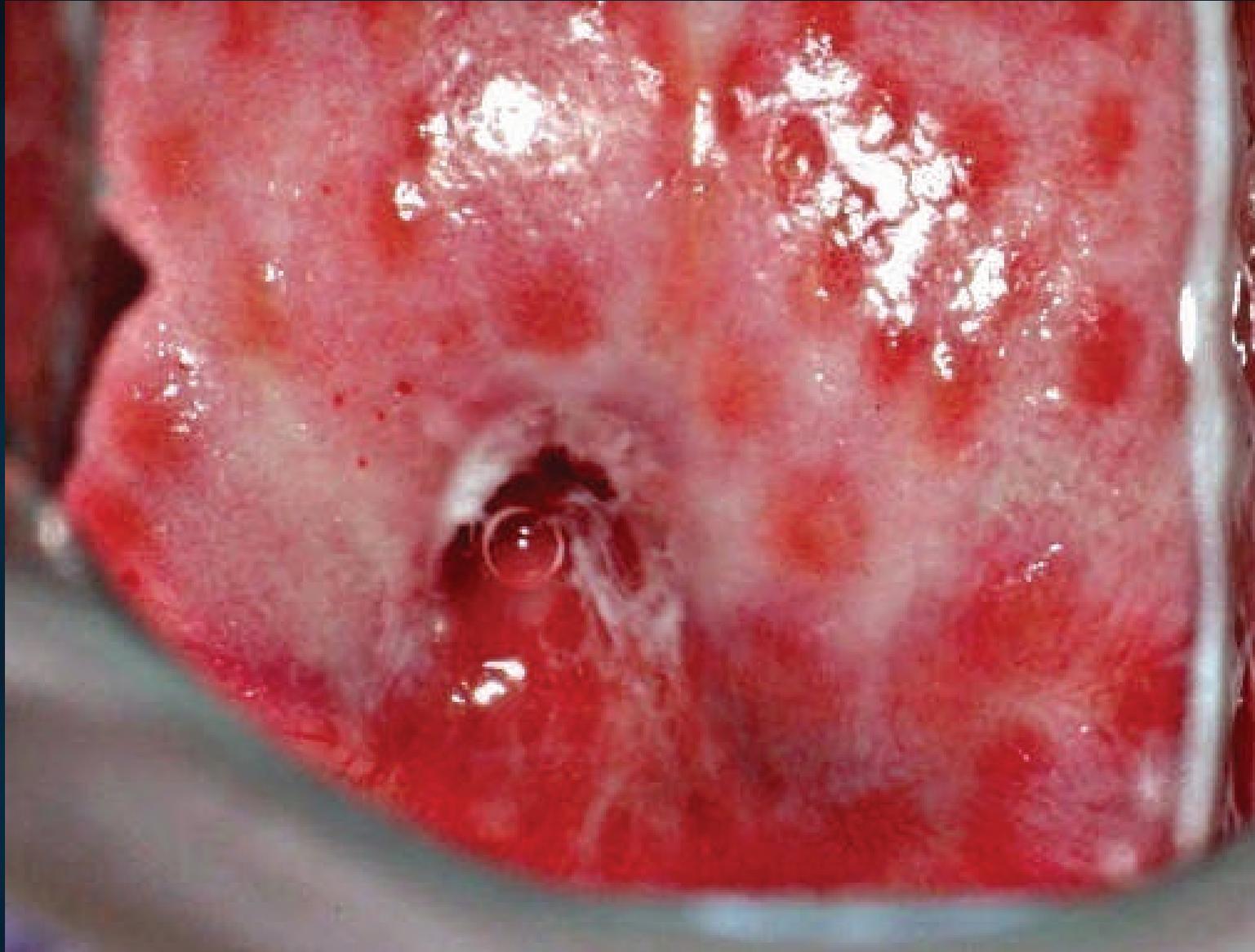
- subepithelial punctate petechiae



strawberry appearance



Trichomonas strawberry appearance



fungal erythematous maculae

Currently, wet prep
is a **quick** and **easy**
test that can be
done in **real time** and
is commonly used to
diagnose TV



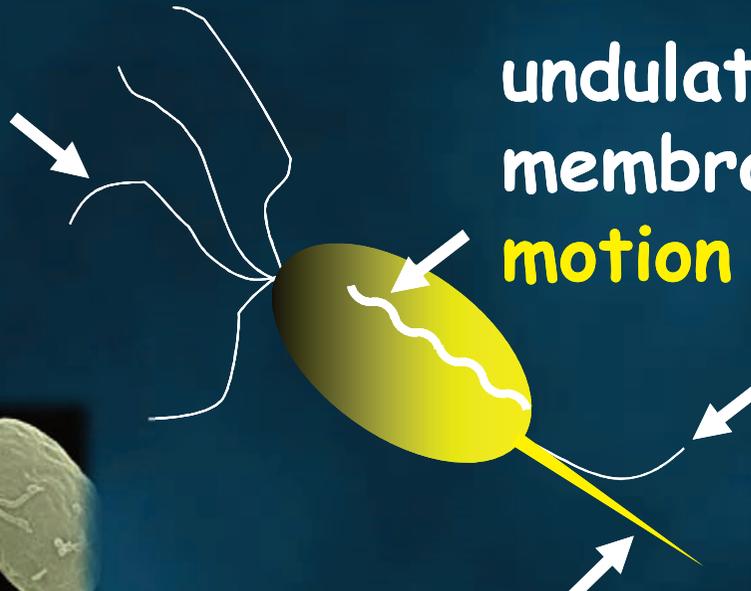
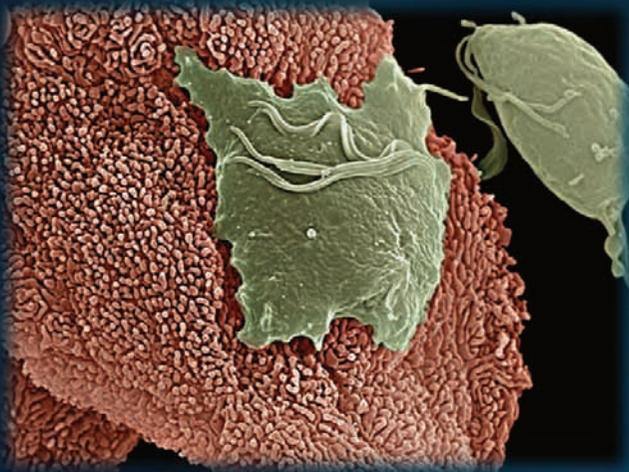
TRICHOMONAS vaginalis

anterior
flagella:
motion

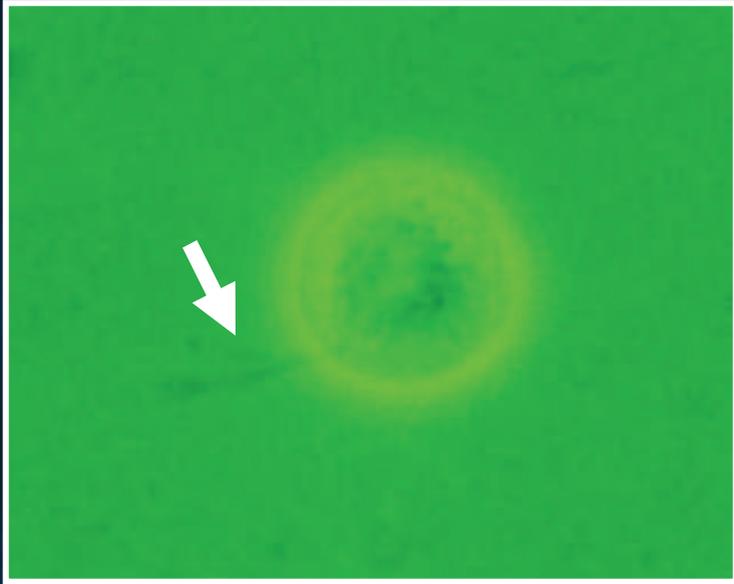
undulating
membrane:
motion

posterior
flagellum:
?

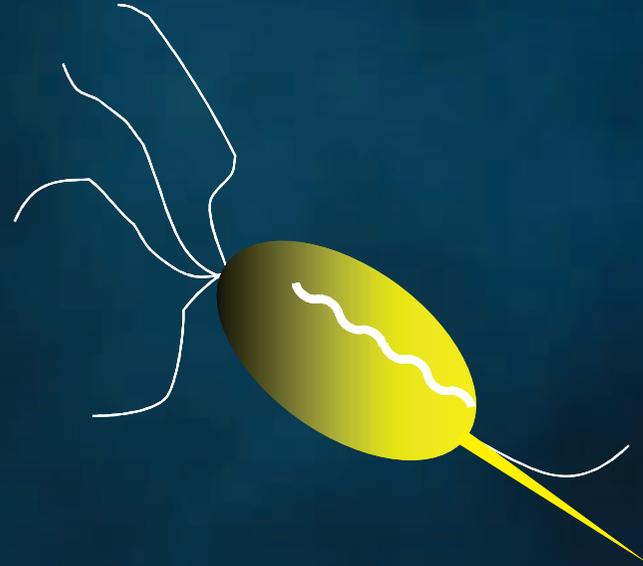
axostyle:
**cytadherence and
tissue damage**



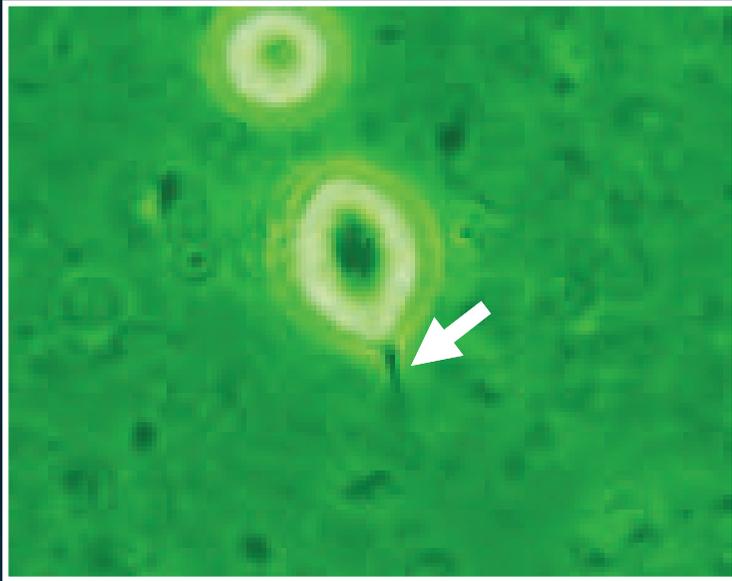
TRICHOMONAS vaginalis



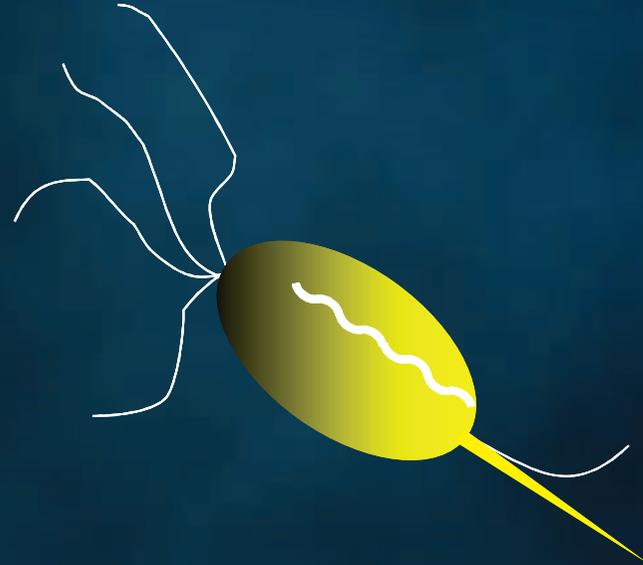
anterior **flagella**



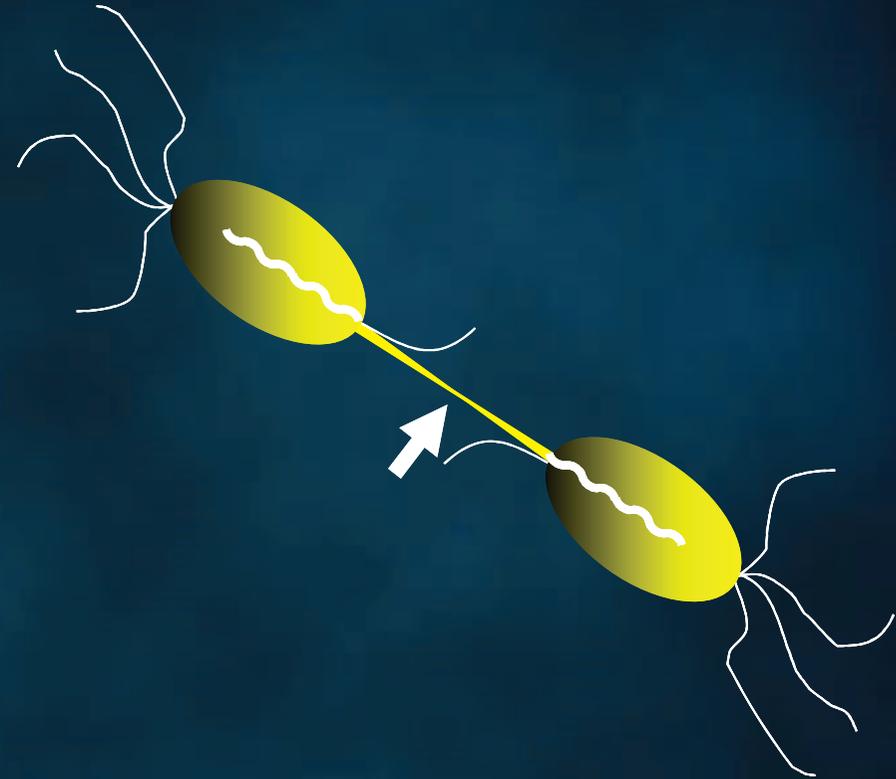
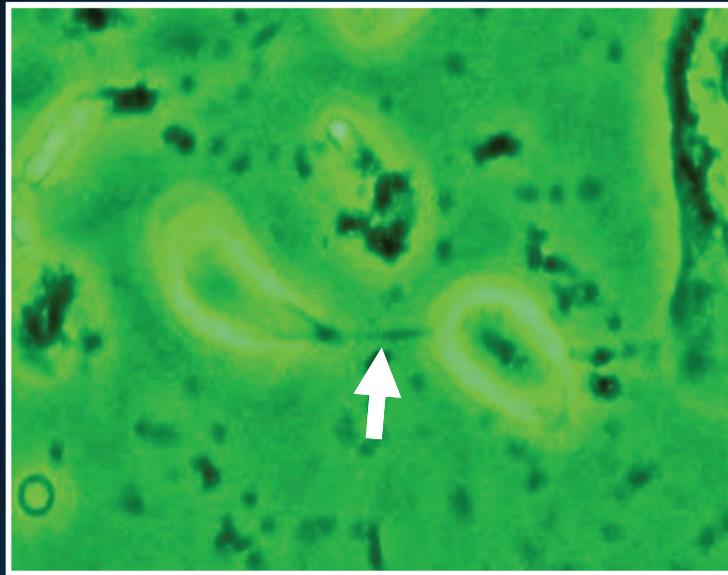
TRICHOMONAS vaginalis



axostyle

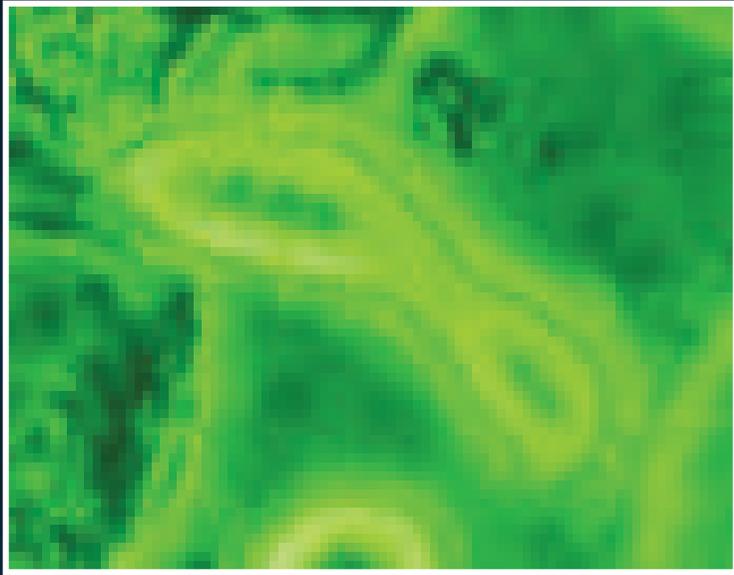


TRICHOMONAS vaginalis

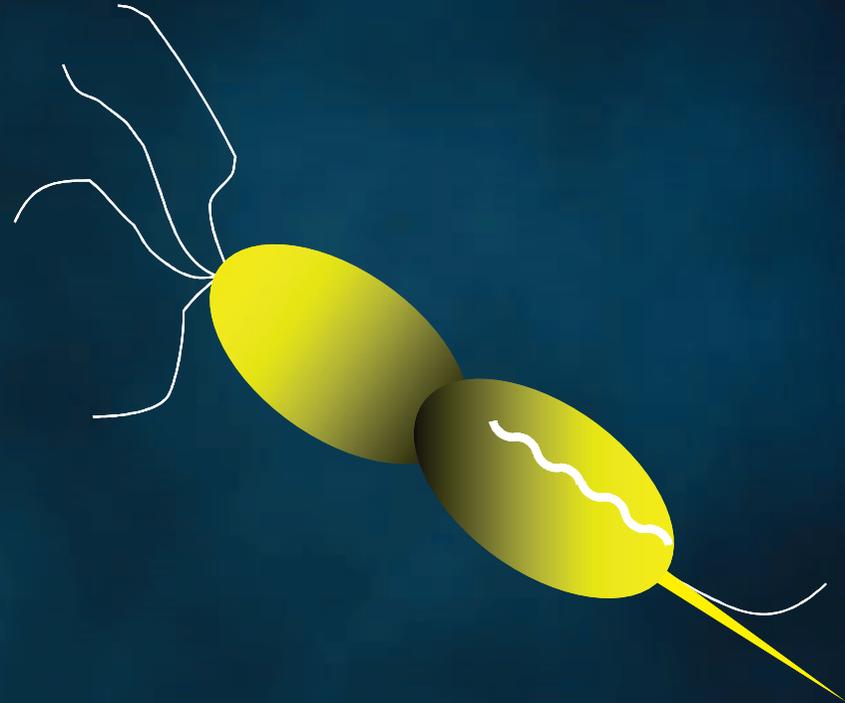


connecting axostyles

TRICHOMONAS vaginalis

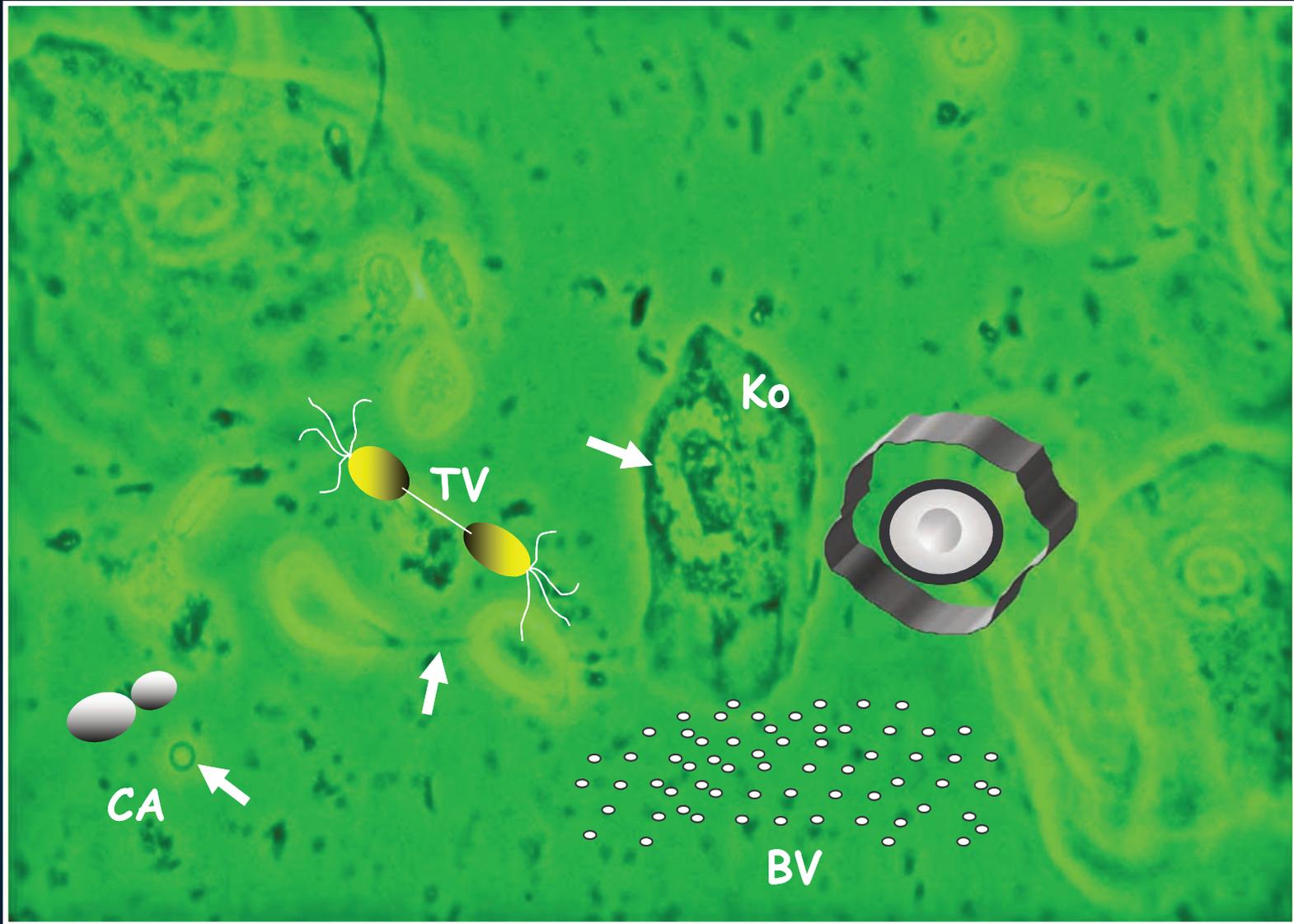


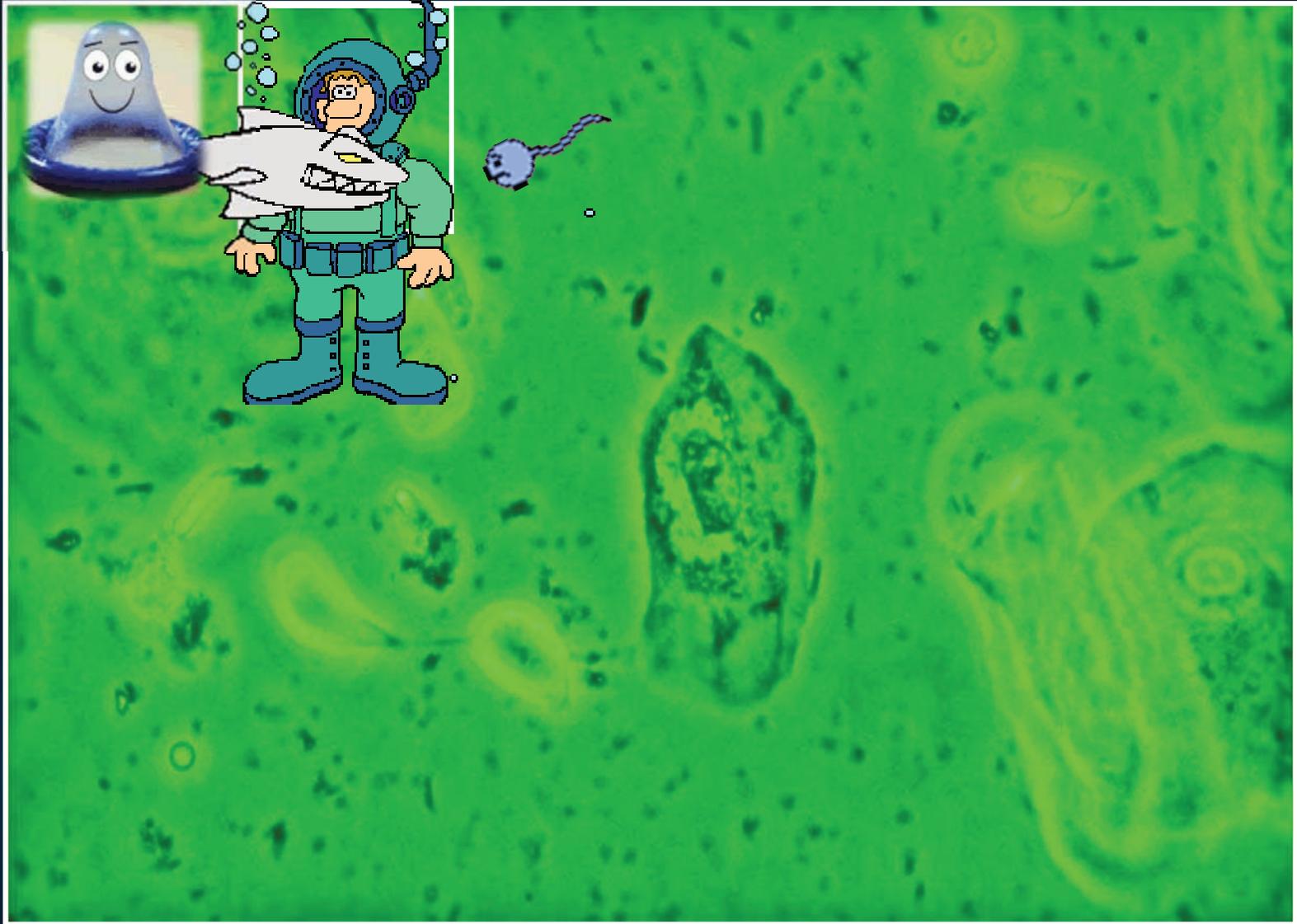
duplication





strawberry appearance







U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



Sexually Transmitted Diseases Treatment Guidelines, 2015

Prepared by
Kimberly A. Workowski, MD^{1,2}
Gail A. Bolan, MD¹

¹*Division of STD Prevention*

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

²*Emory University, Atlanta, Georgia*

If **infection** is **suspected**
as the primary cause,
a sample of the vaginal
discharge should be
taken and examined
microscopically

Physicians should assess the clinical practicality and usefulness of **wet mount microscopy** and use wet mount microscopy to diagnose common vaginal infections

Wonderful Atlas. I have made reference to it many times in my lectures

Albert Singer

Whittington Hospital, London

The quality of the images is excellent and accompanying explanatory text illuminating

Charles Redman

President European Federation of Colposcopy

This text will be a reference work for Gynecologists for many years to come

Walter Prendiville

Past President International Federation of Colposcopy and Cervical Pathology

The Atlas is superb. This publication has a great historic value, as a gift for future generations

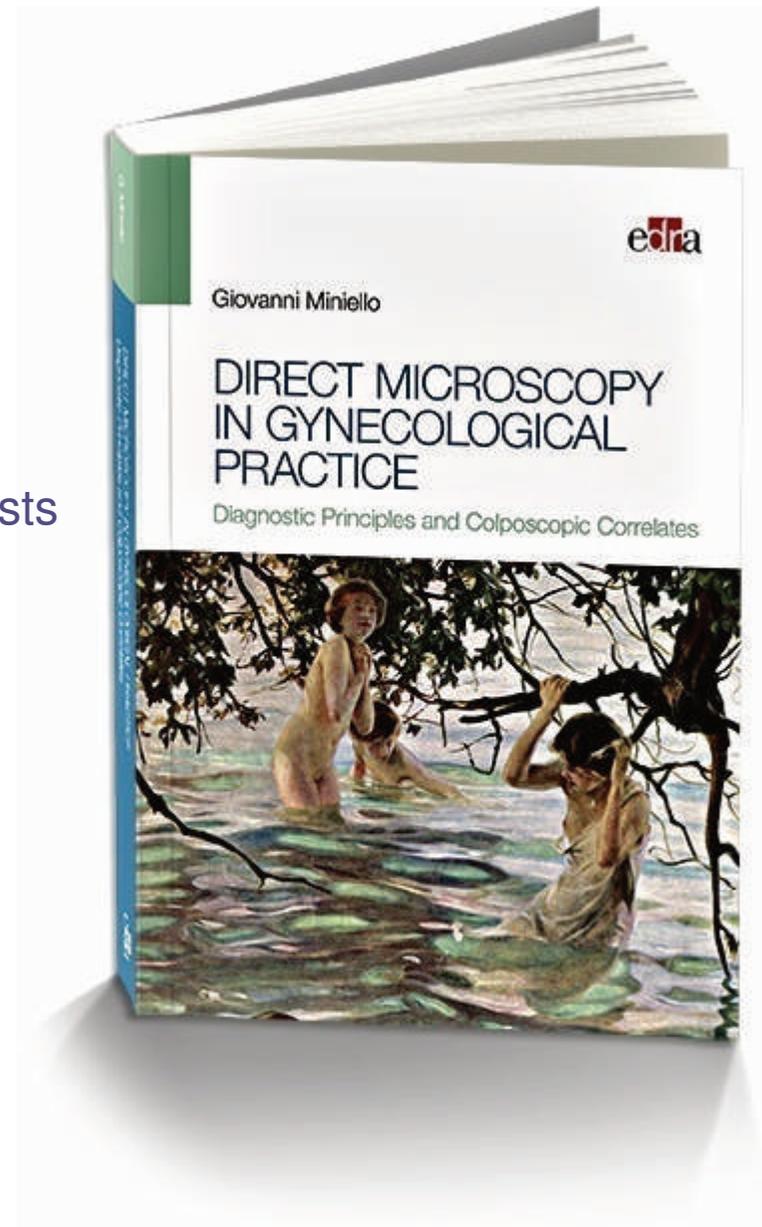
Usha Saraiya

Founder Member and President Indian Academy of Cytologists

This Atlas, beautifully illustrated, is a 'master piece' of work

Sabaratnam Arulkumaran

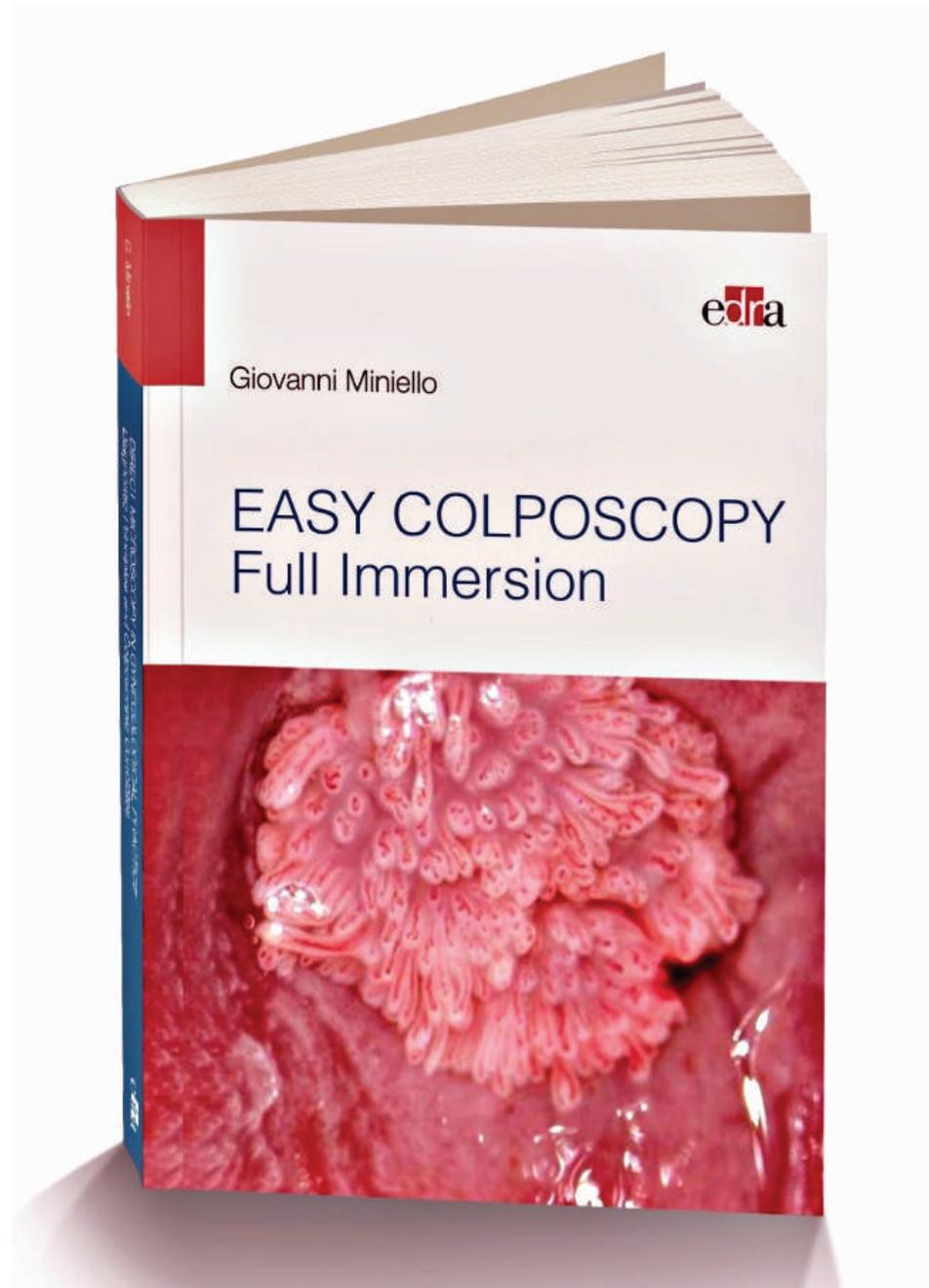
Past President FIGO

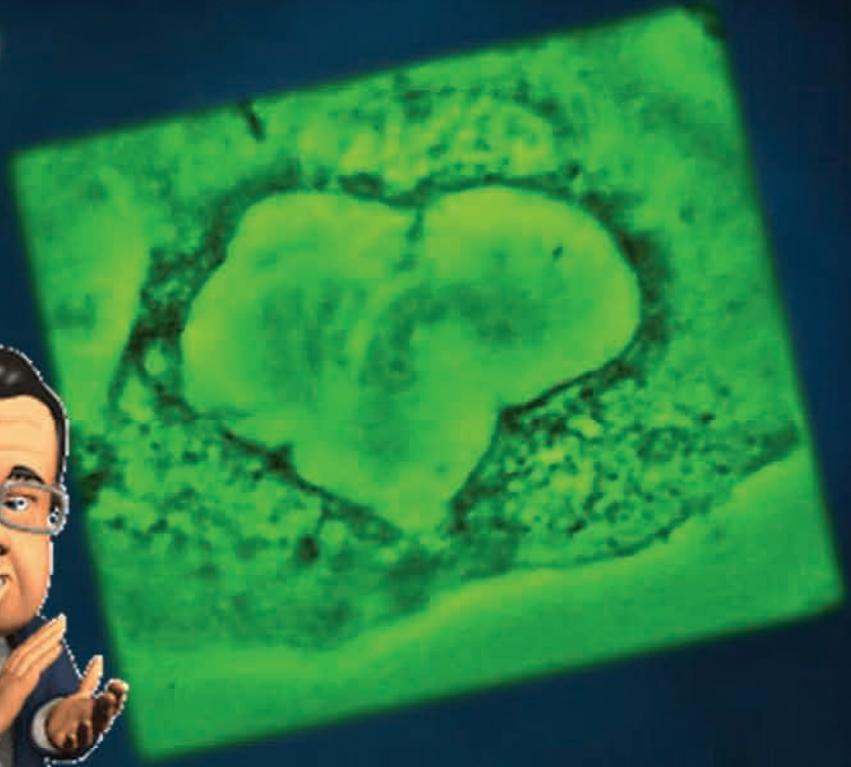


I had not seen
such high
standard
of colposcopy
photographs

Albert Singer

Whittington Hospital,
London





GOOD JOB