

Direct

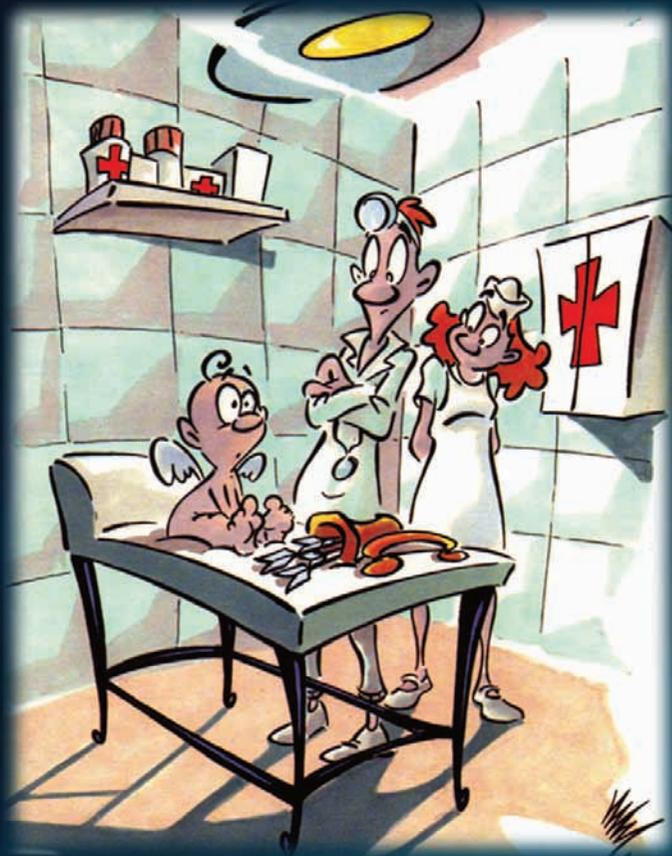
Microscopy

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

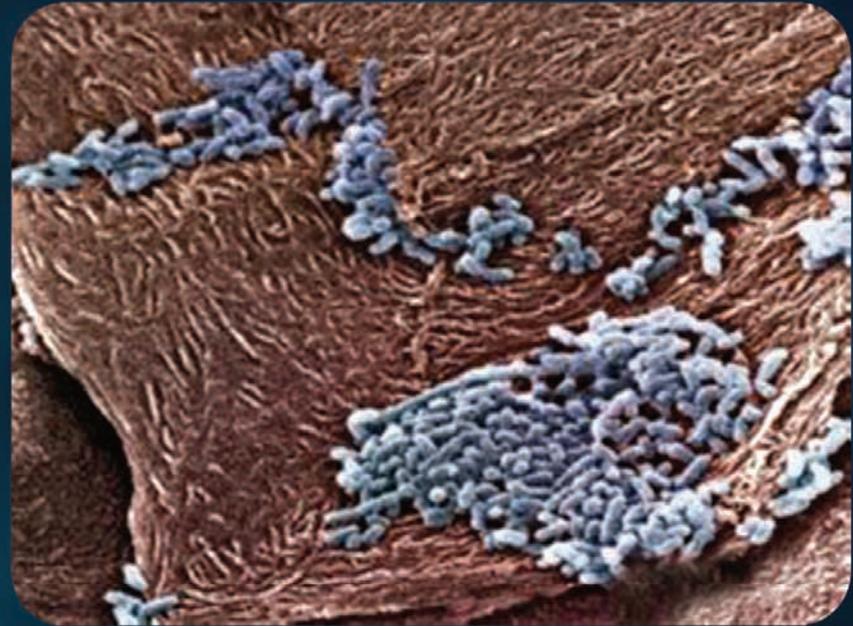
A **wet prep** can provide immediate information about:

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

## WET MOUNTS

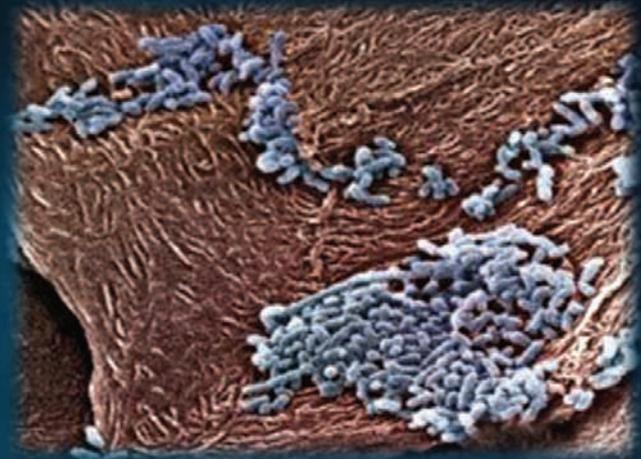
- ✓ Cervico-vaginal wet mount
- ✓ Cutaneous wet mount
- ✓ Urinary wet mount
- ✓ Buccal wet mount
- ✓ Rectal wet mount

# 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*

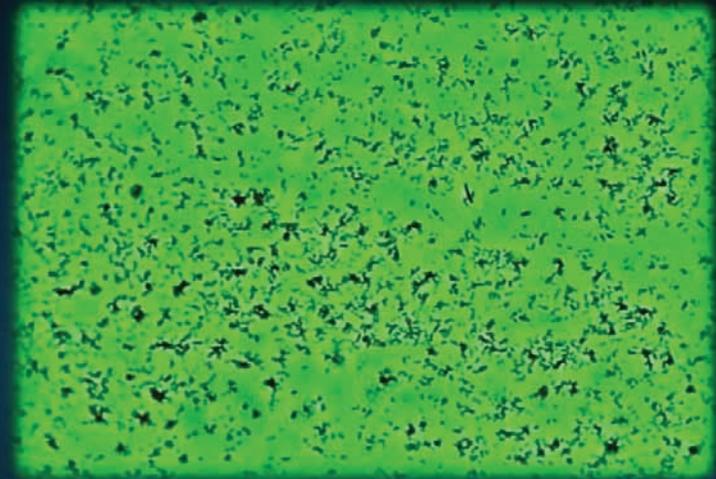
are associated

with overgrowth

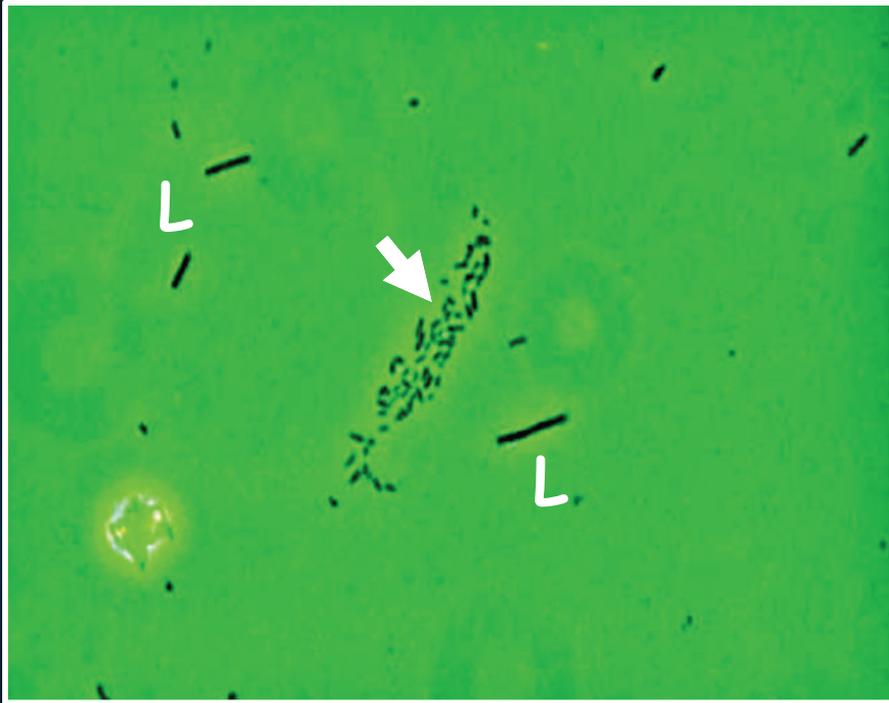
of *anaerobes*, particularly

*Gardnerella*, *Prevotella* and

*Peptostreptococcus* species

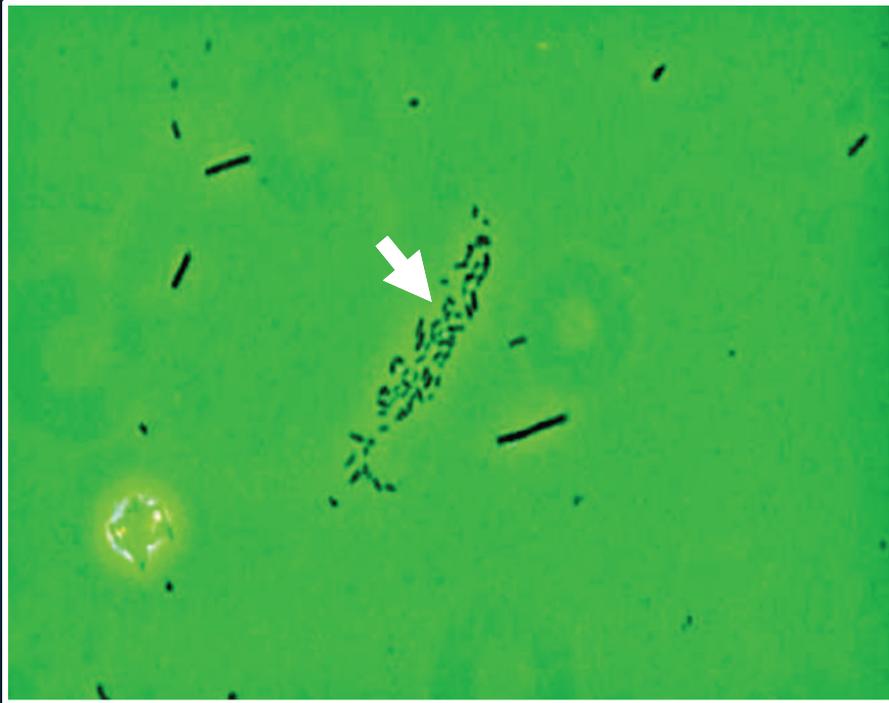


Lactobacilli are replaced  
by other anaerobic  
organisms, normally  
found in small amounts  
in the vagina



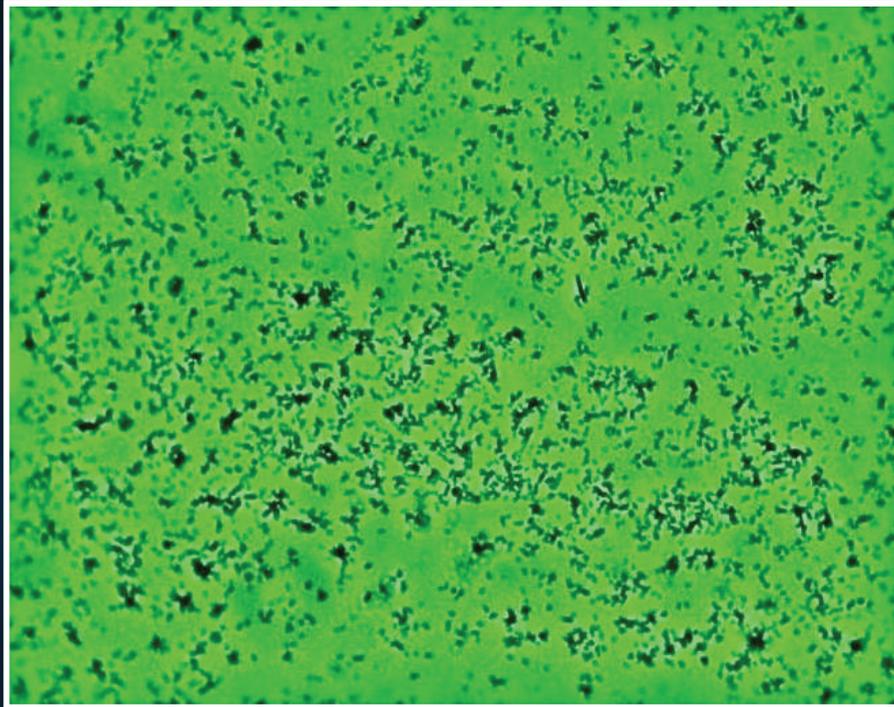
cluster of  
pleomorphic bacteria





cluster of  
pleomorphic bacteria





free floating  
pleomorphic bacteria

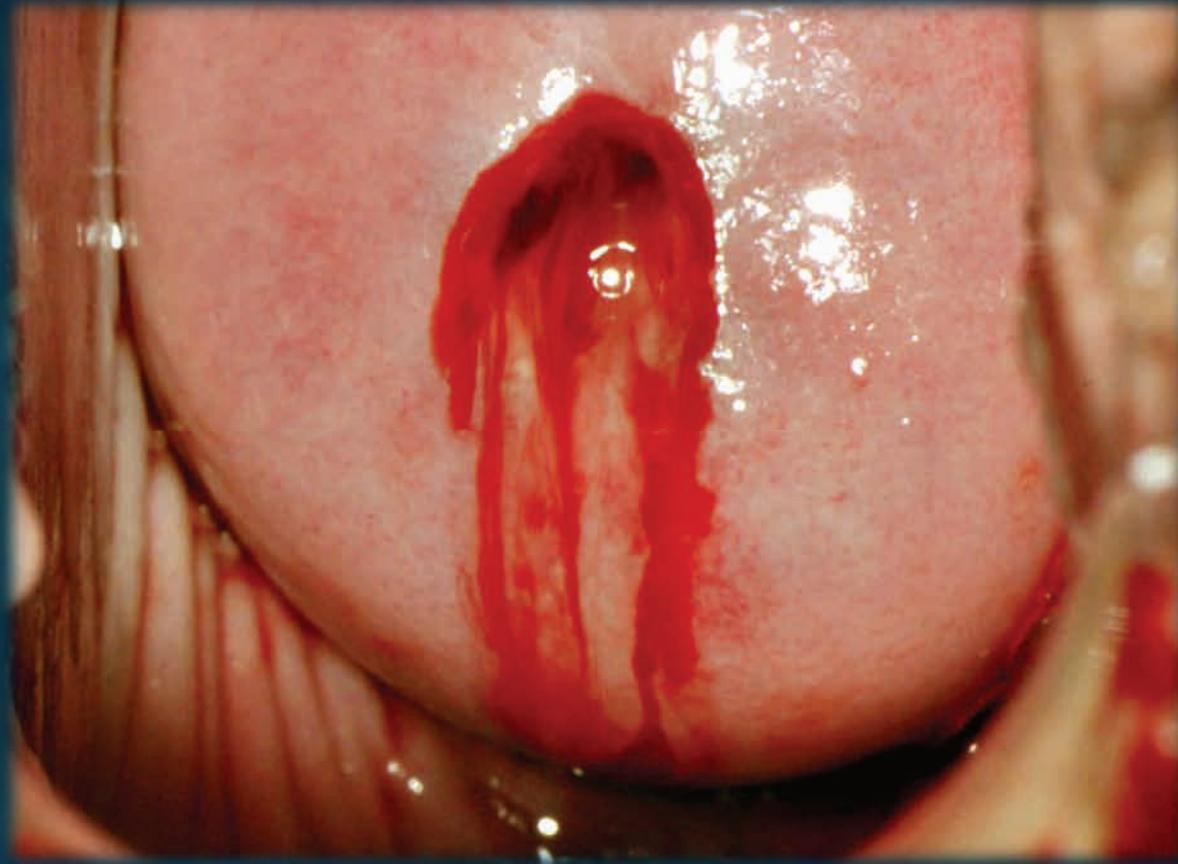
positive culture

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

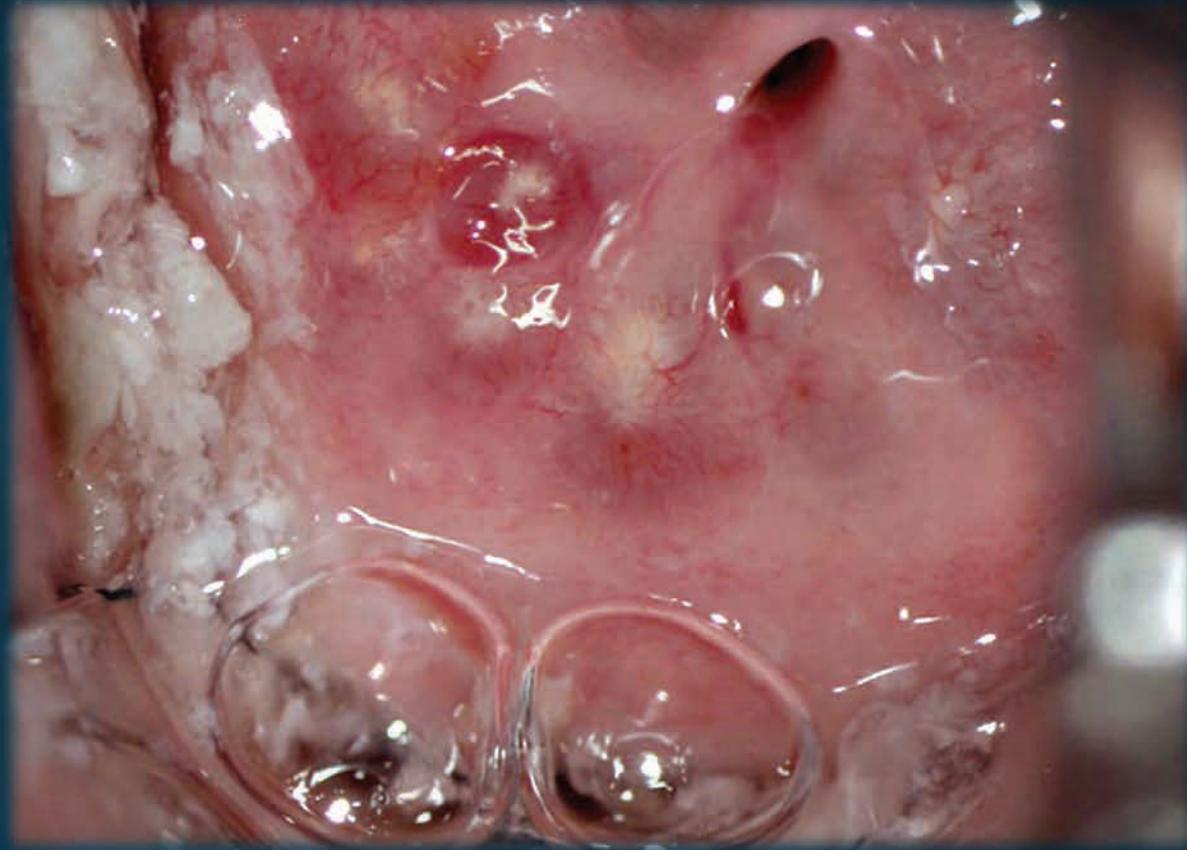
Different  
conditions  
may modify  
vaginal pH





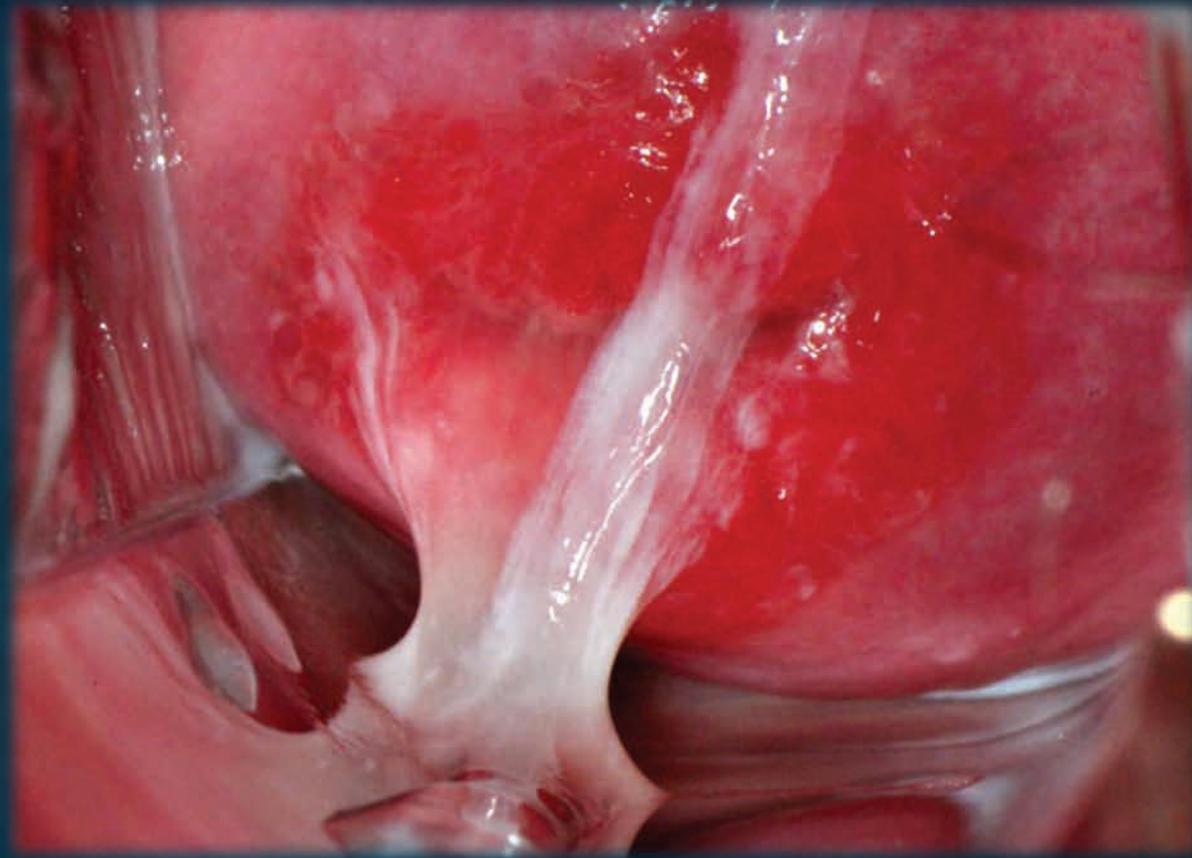
  
pH

menstruation



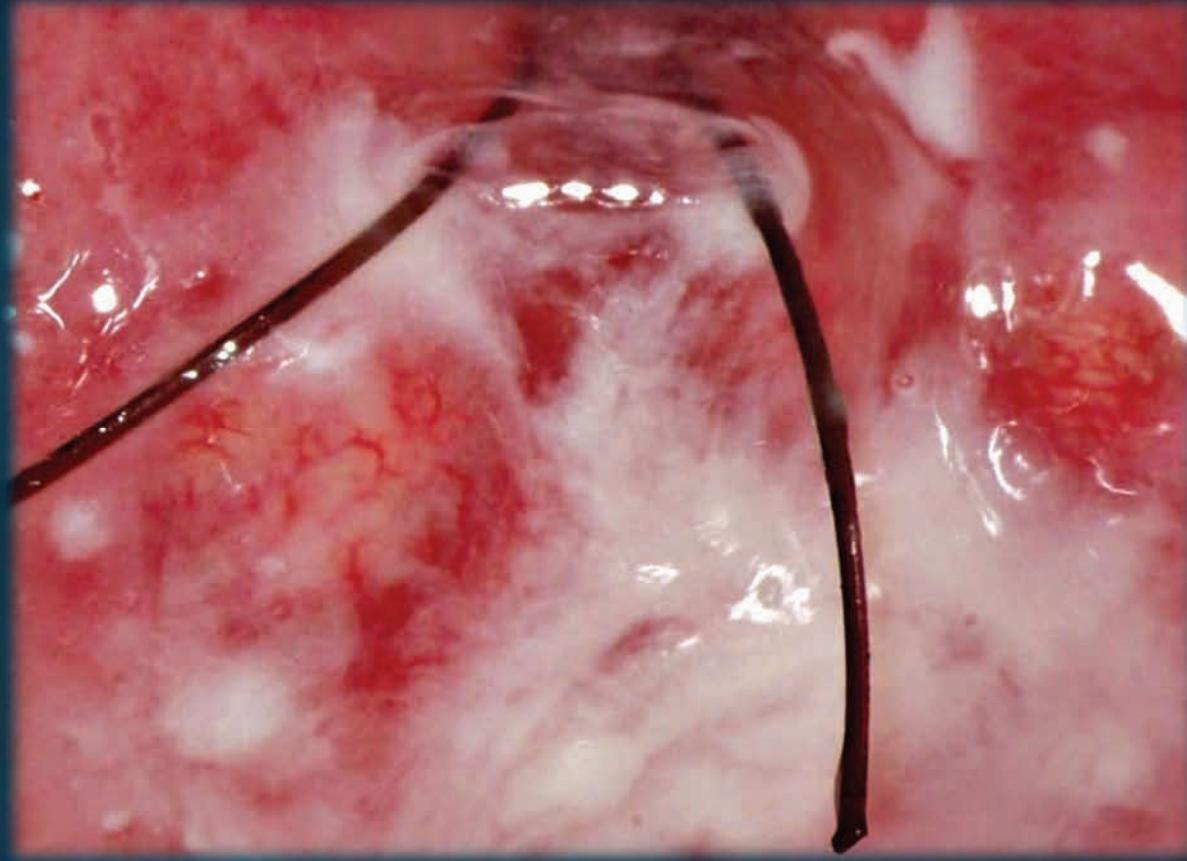
  
pH

abundant alkaline mucus  
for **hormonal** imbalance



  
pH

alkaline mucus from columnar  
**exposed** epithelium



 pH

reactive alkaline mucus  
from IUD



exposed epithelium  
and IUD



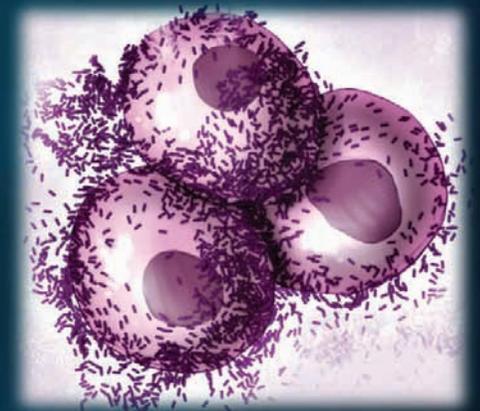
  
pH

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

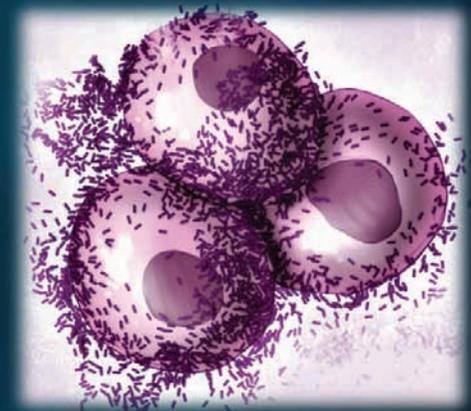
**adhesion, cytotoxicity**

and **biofilm**-forming

capability



Non-pathogenic



pathogenic

The aggregate

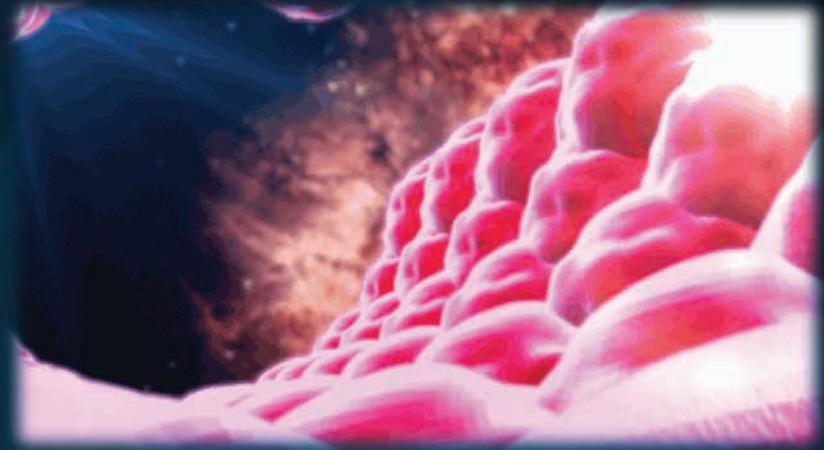
microbiome

is not a simple

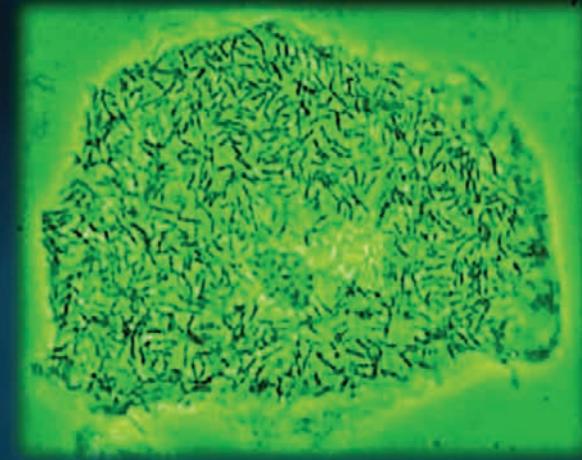
accumulation of free-floating

bacteria on the surface

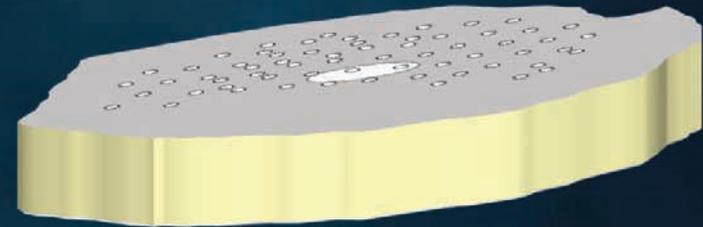
of a human tissue



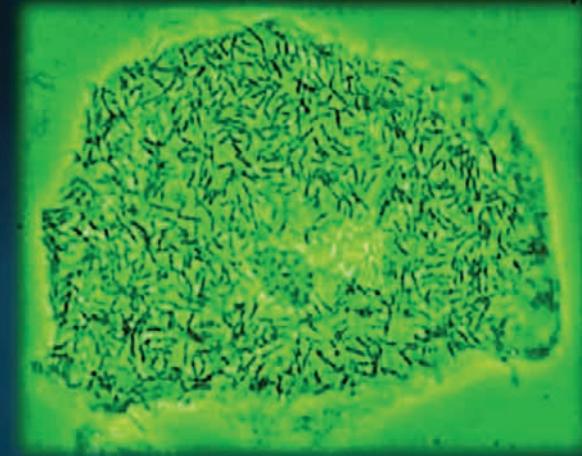
In many cases,  
complex three-  
-dimensional  
lattices, called  
**biofilms**, are formed



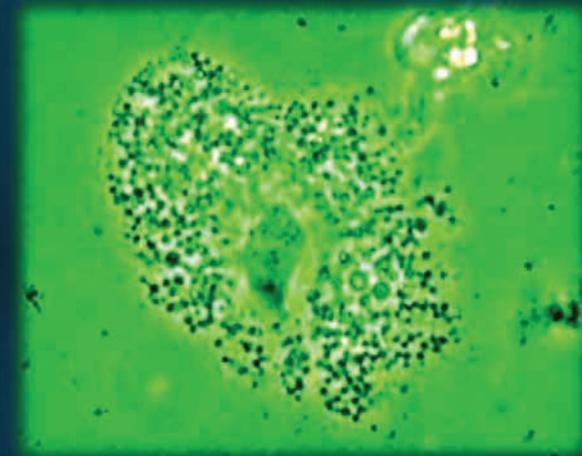
bacilli



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



bacilli

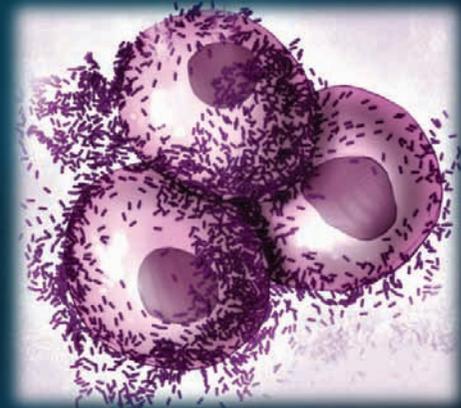


cocci

**Not** detectable  
by **cultures**



**adhesion, and biofilm-**  
**forming capacity**

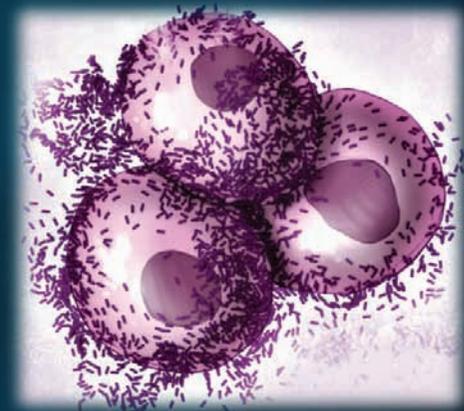


**pathogenic**

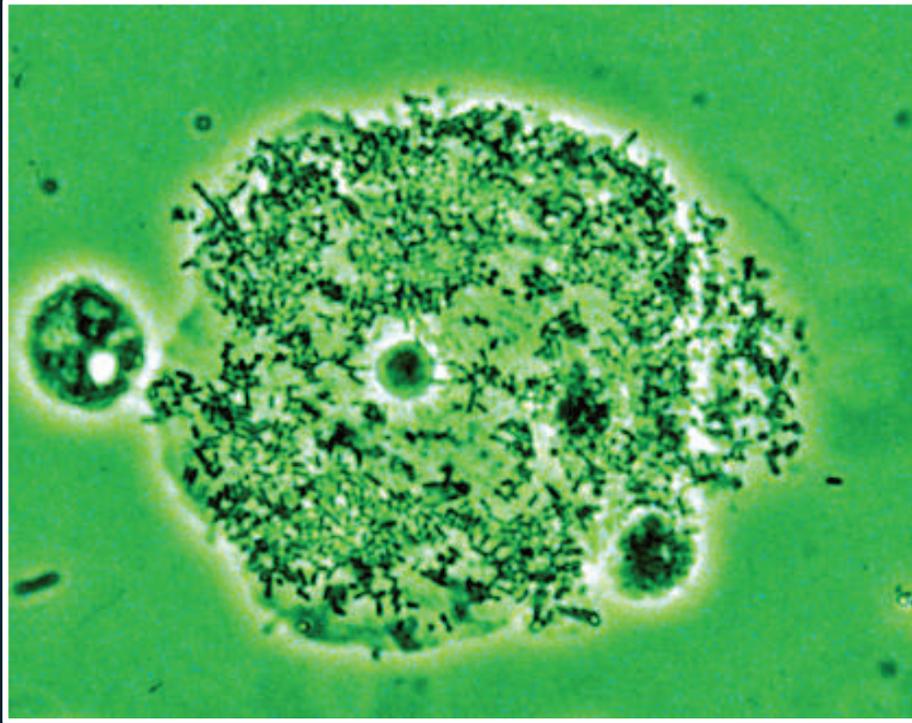
Detectable **only**  
by **microscopy**



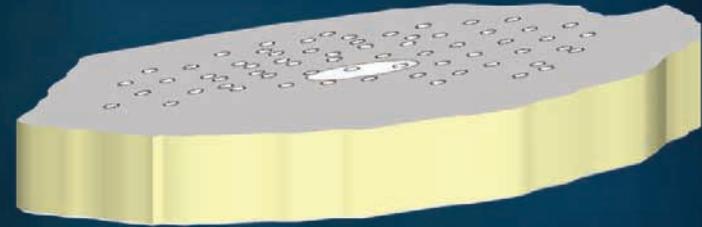
**adhesion**, and **biofilm-**  
**forming capacity**



**pathogenic**



adhered  
pleomorphic bacteria:  
**clue** cell

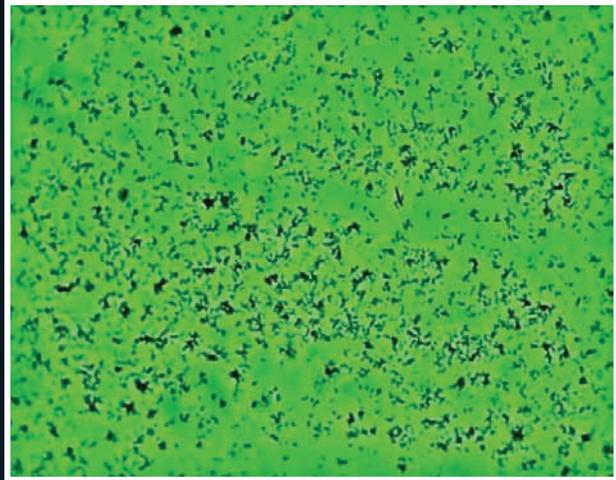


**Pathogenic**  
species

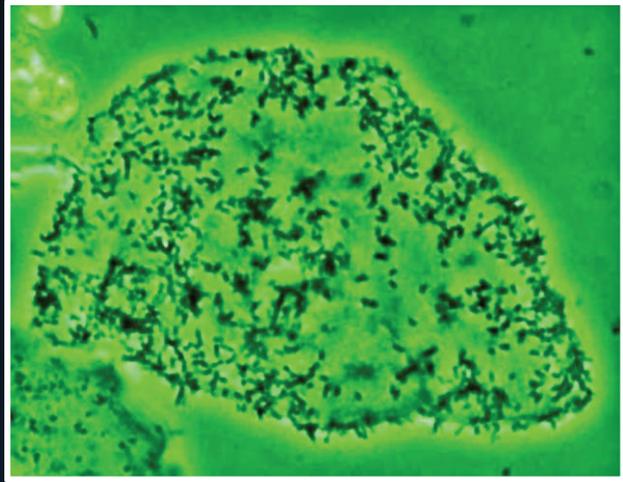
Laboratory



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%

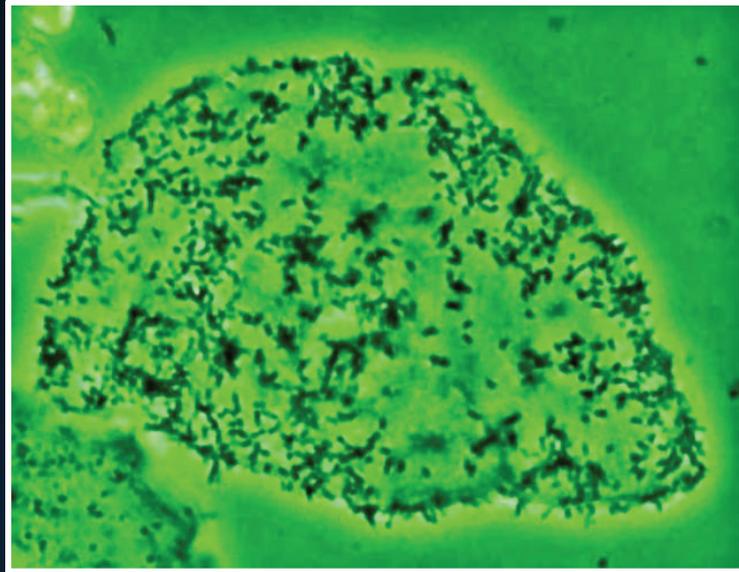
cultures **are not recommended**



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

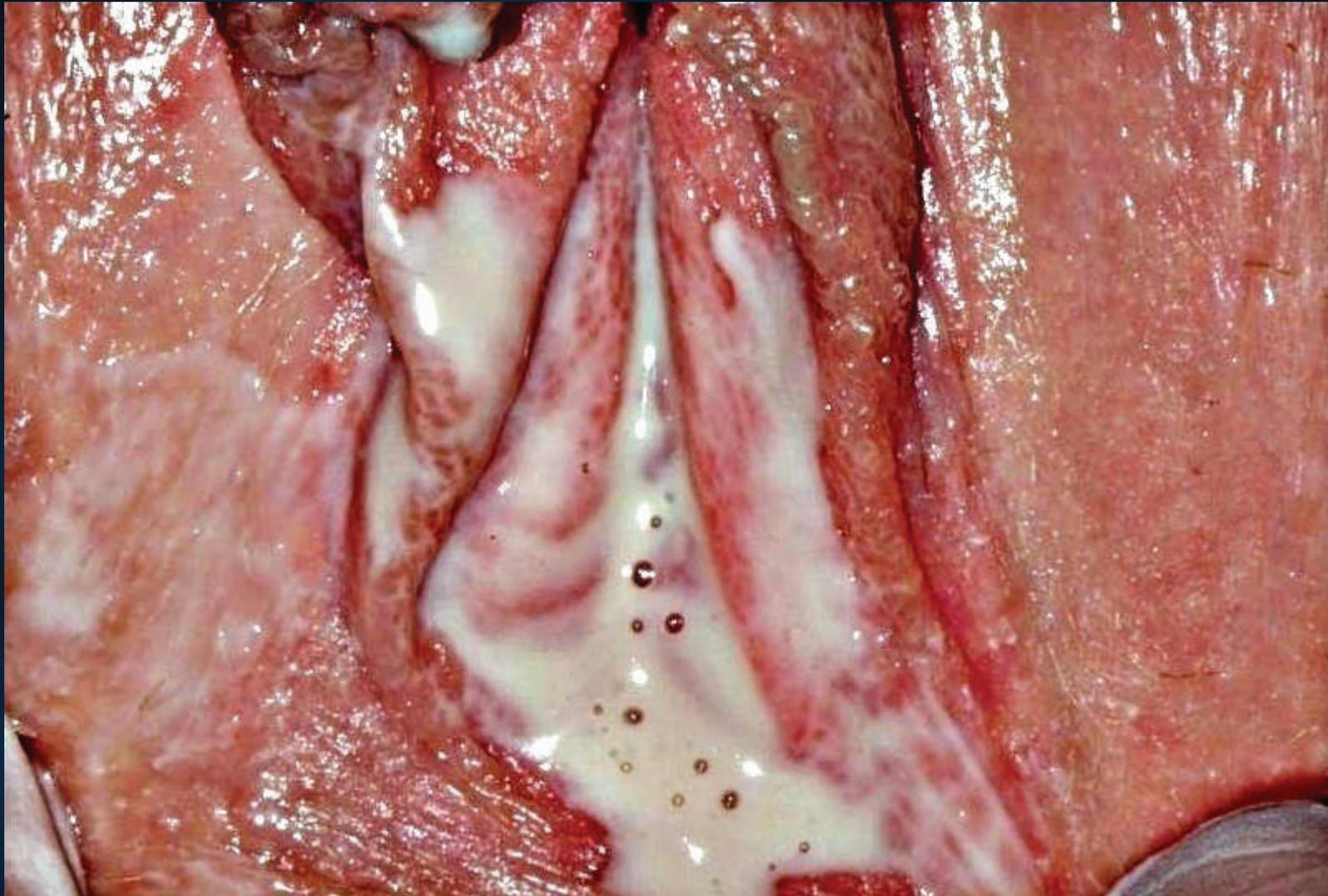
- **fishy** smell (sniff test)
- white, omogeneous, **frothy** and **malodorous** discharge
- vaginal pH > 4.5
- positive **amine-test** (whiff test)
- **clue cells** at microscopy



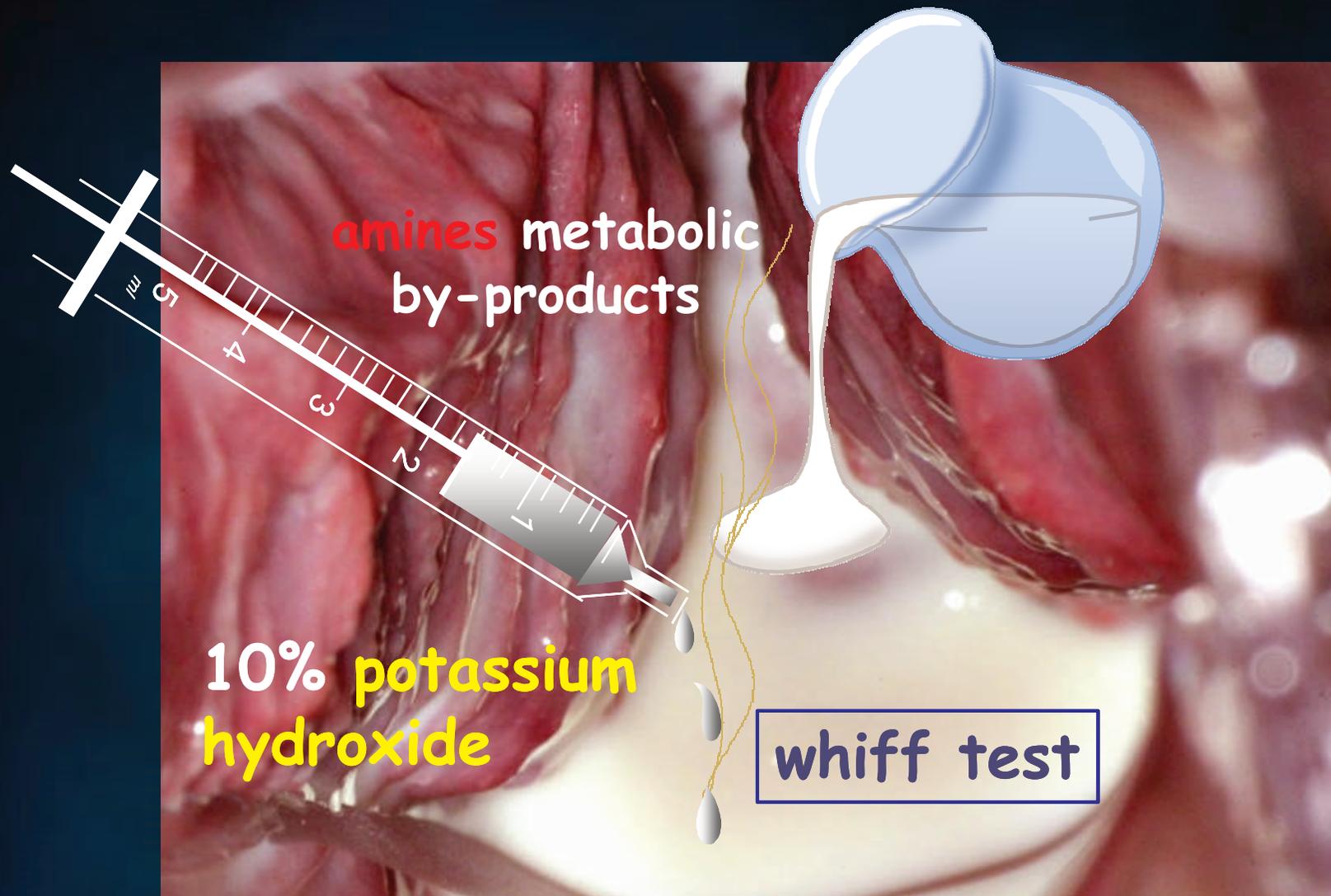
**fishy** smell



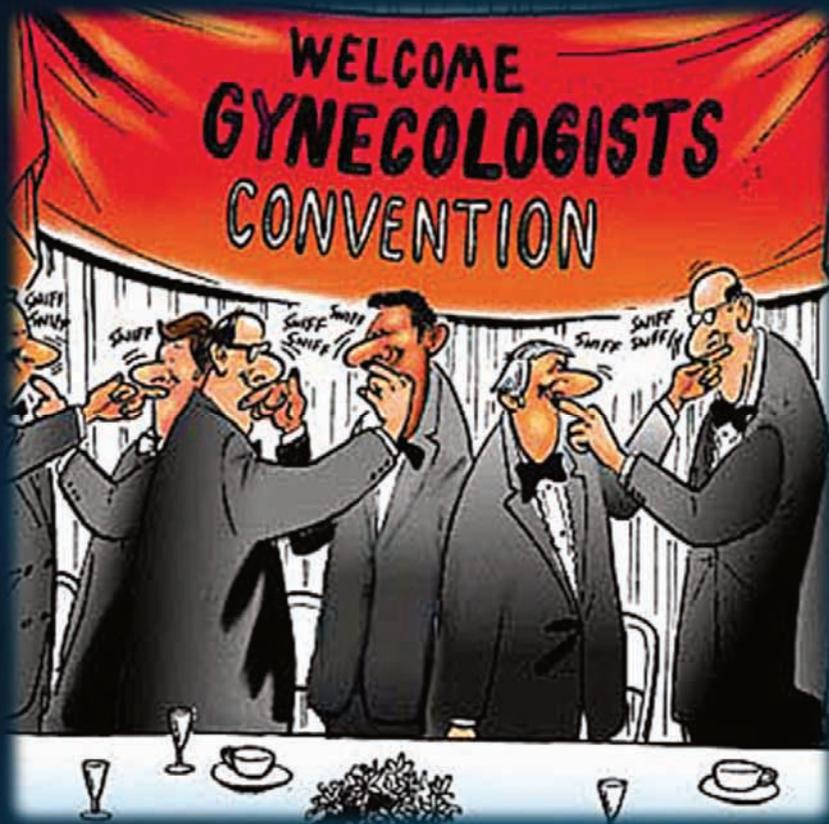
sniff test



white, omogeneous and **frothy** discharge



**abundant white** discharge as if  
milk was poured into the vagina



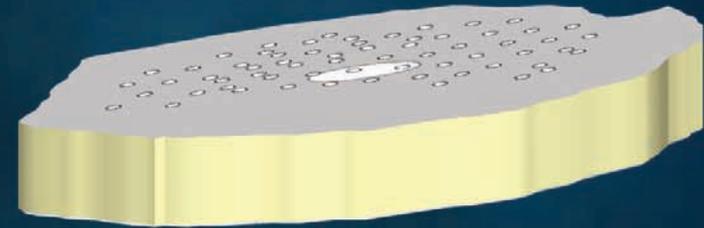
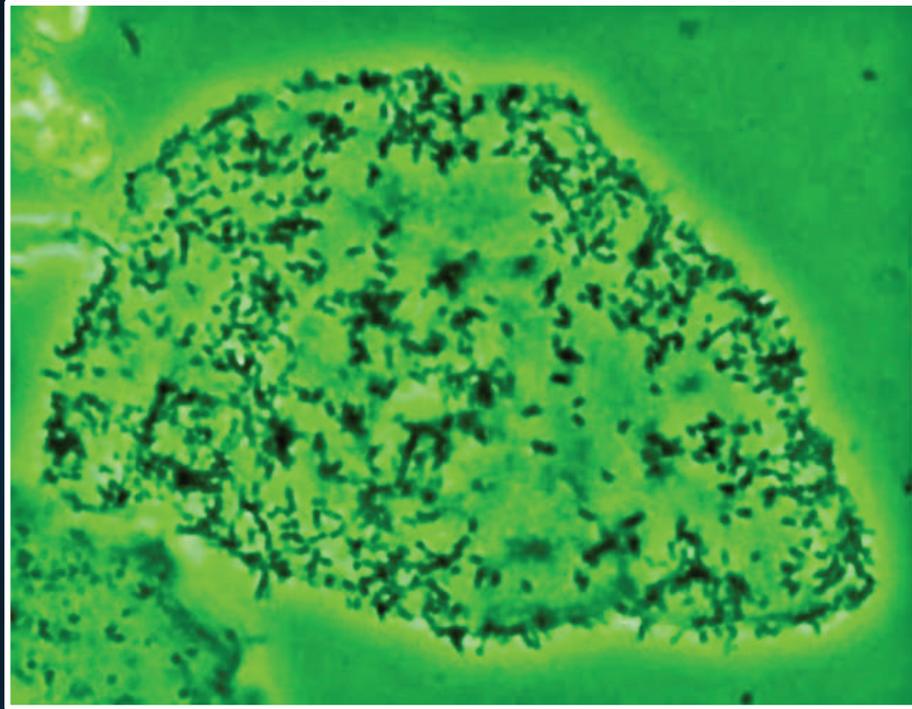
Sometimes  
it is **not**  
**enough**  
to be good  
sommelier...

## 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

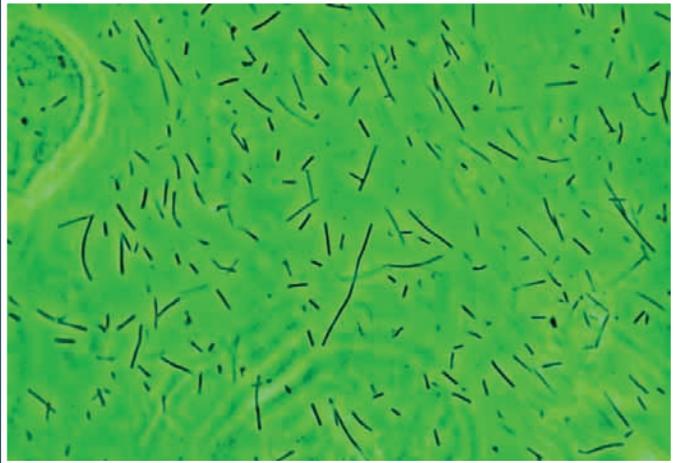
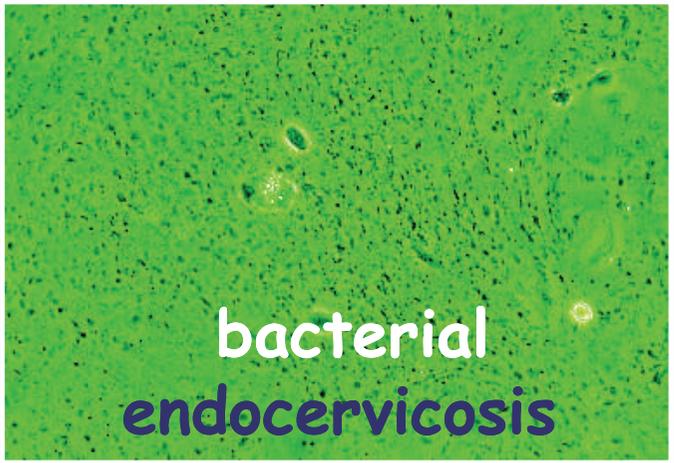
**BV** had a polymicrobial

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

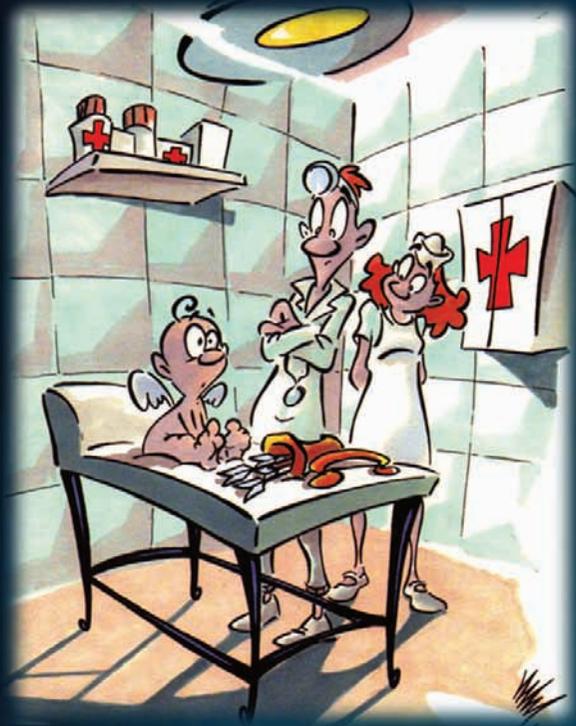
with BV infection

may increase the

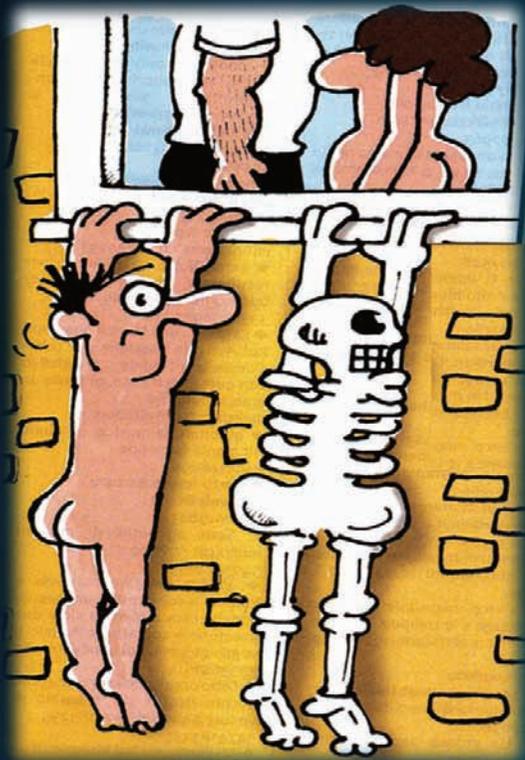
incidence of CIN

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**



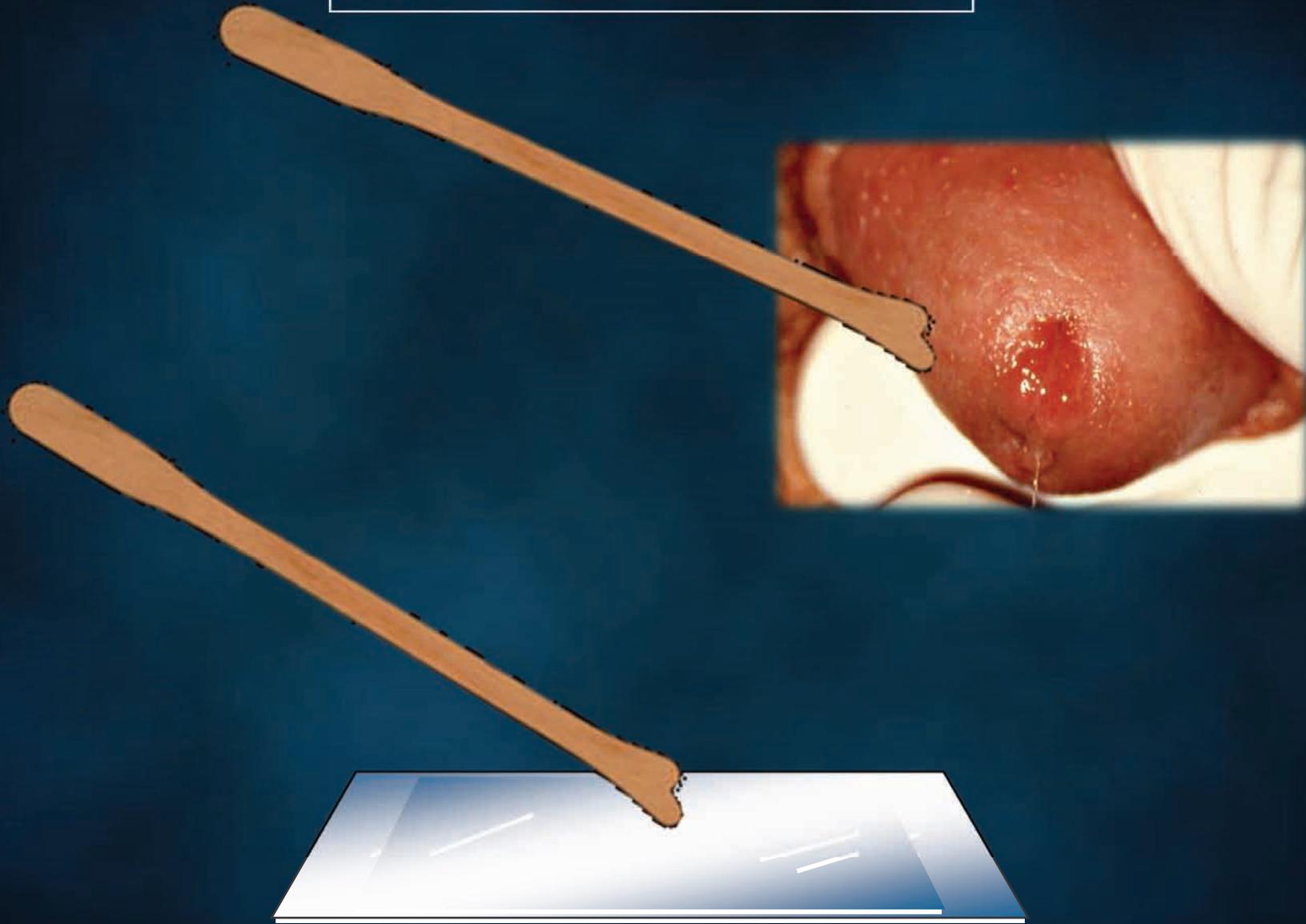


Is it possible  
to investigate  
the **recalcitrant**  
male partner?

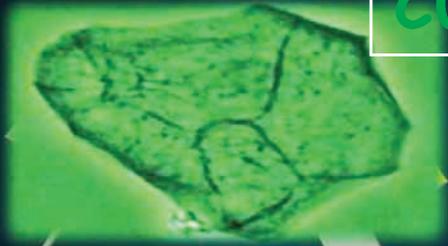
## WET MOUNTS

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

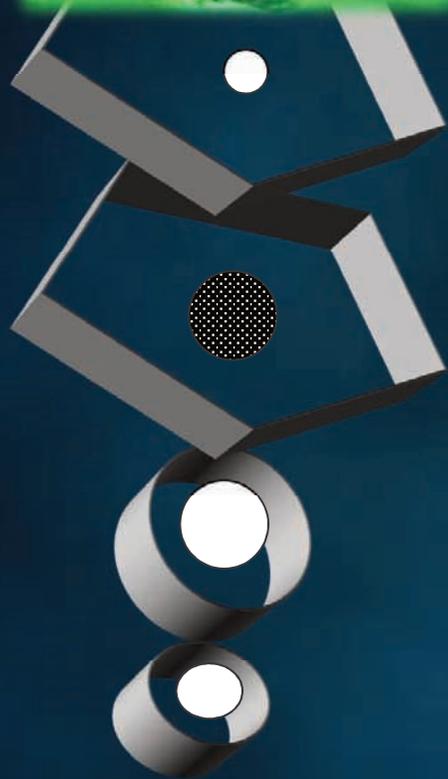
# CUTANEOUS wet mount



# CUTANEOUS wet mount

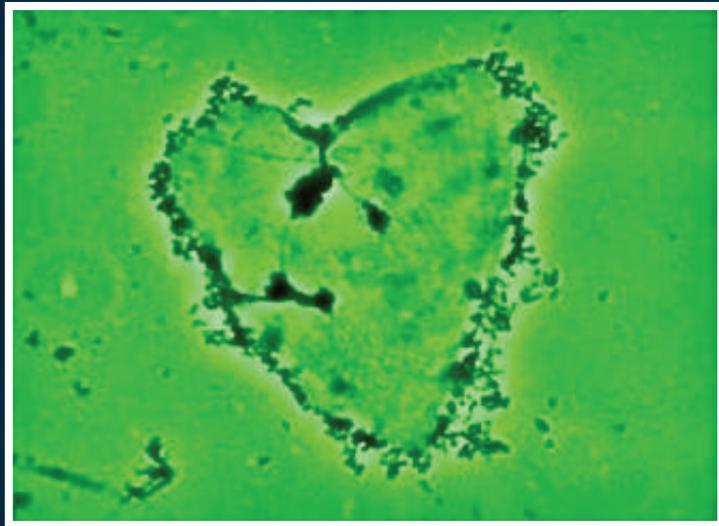


horny cell



keratinized stratified  
SQUAMOUS  
epithelium

# CUTANEOUS wet mount



clue cell (horny cell)

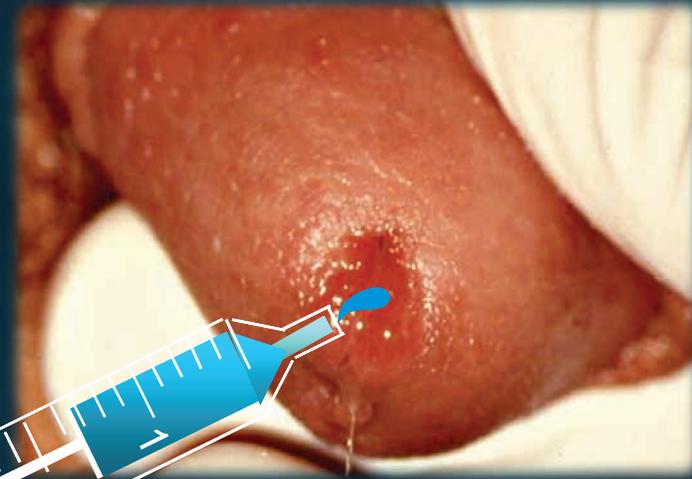


## WET MOUNTS

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

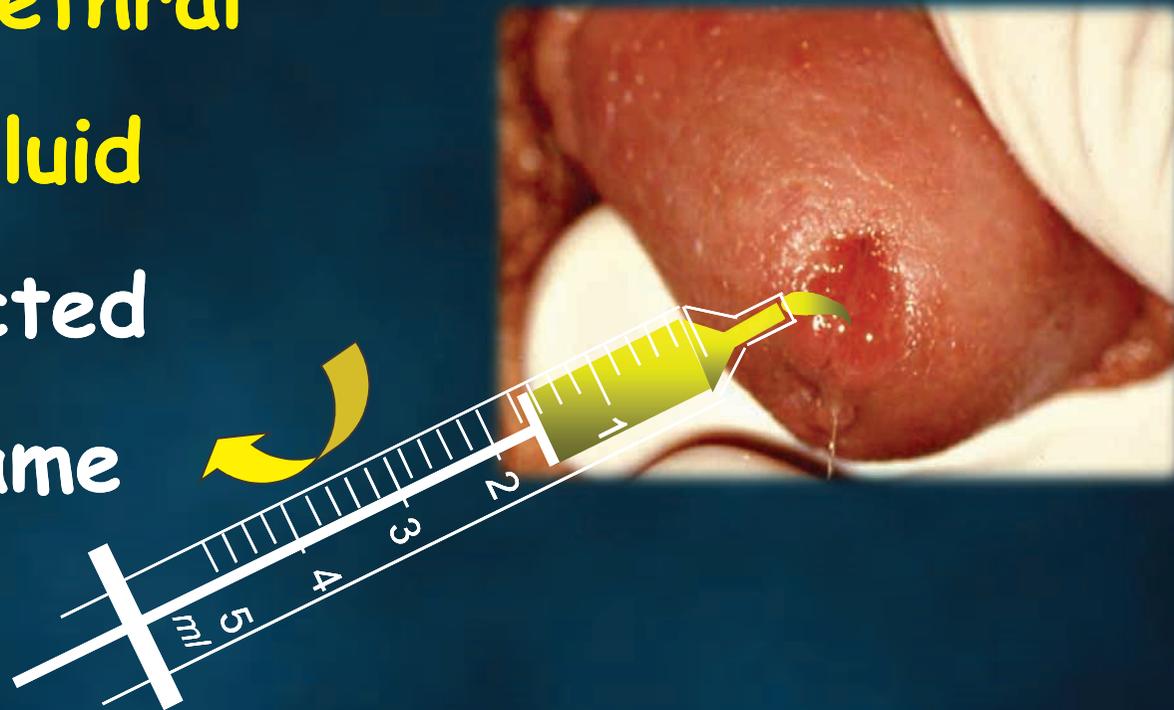
## URINARY wet mount

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

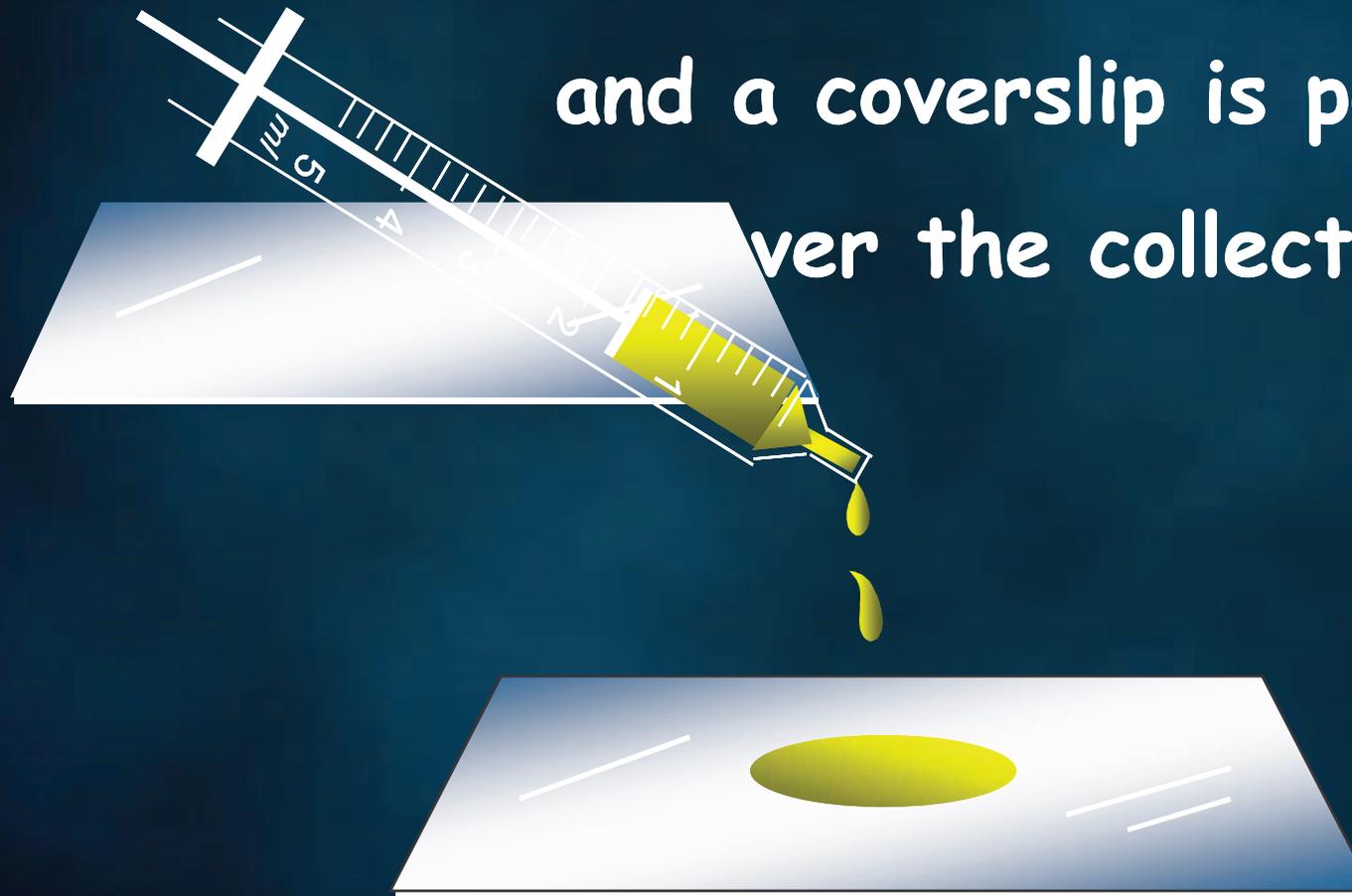


## URINARY wet mount

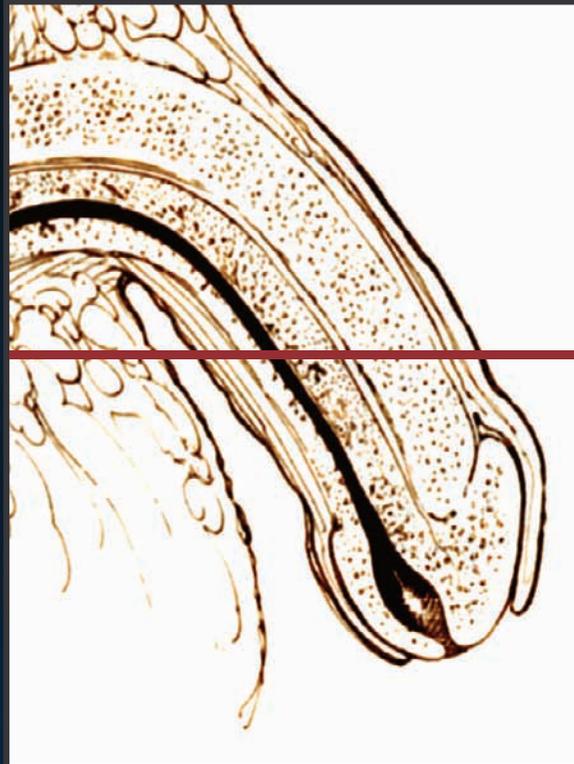
Some drops  
of the **urethral  
washing fluid**  
are collected  
by the same  
syringe



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

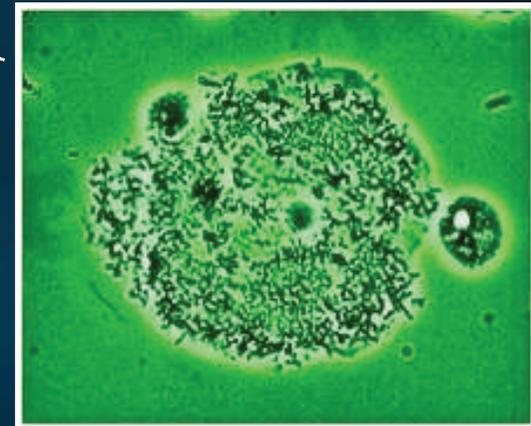
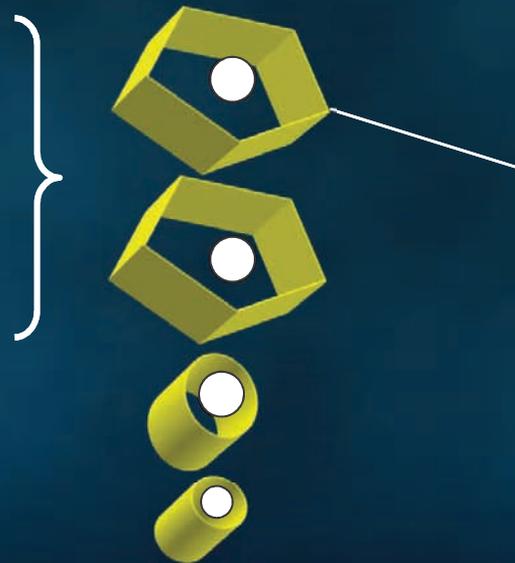


# URINARY EPITHELIA

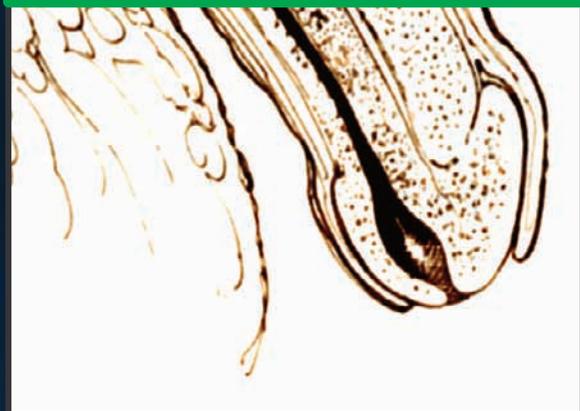


# URO-wet mount

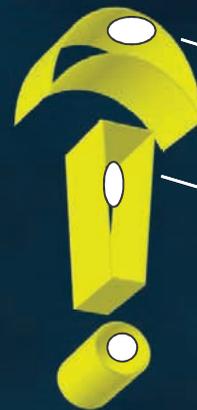
squamous



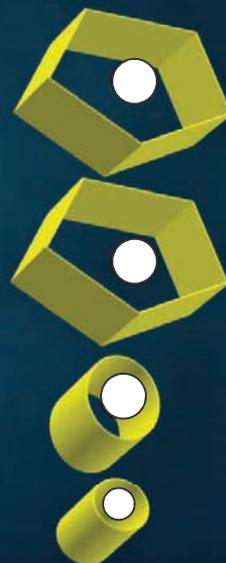
# URINARY EPITHELIA



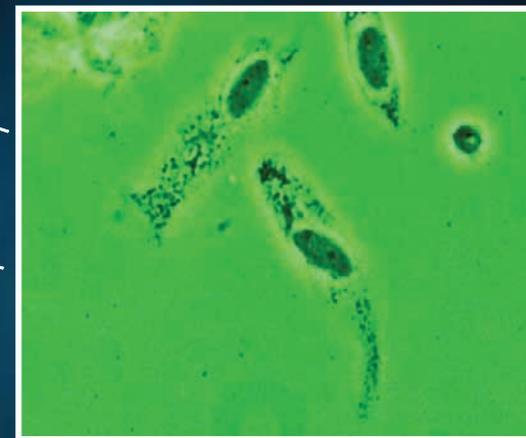
transitional



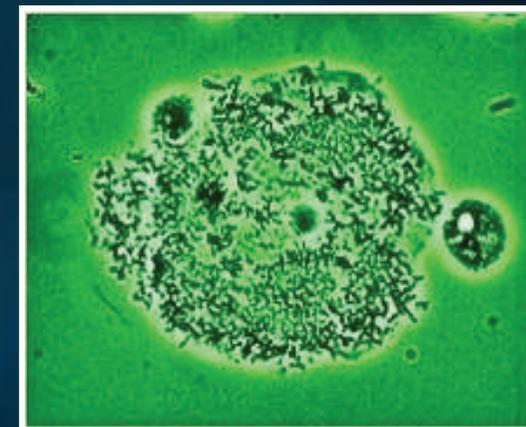
squamous



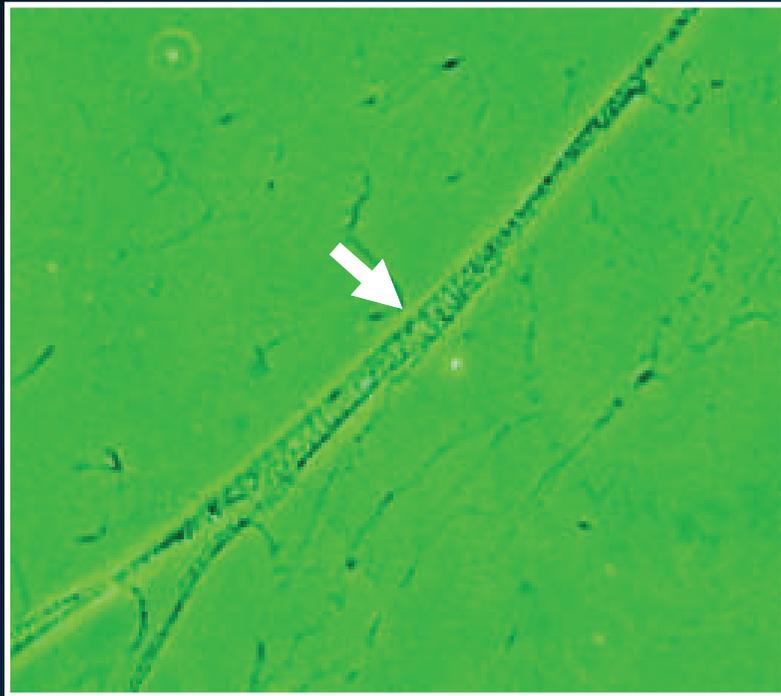
URO-wet mount



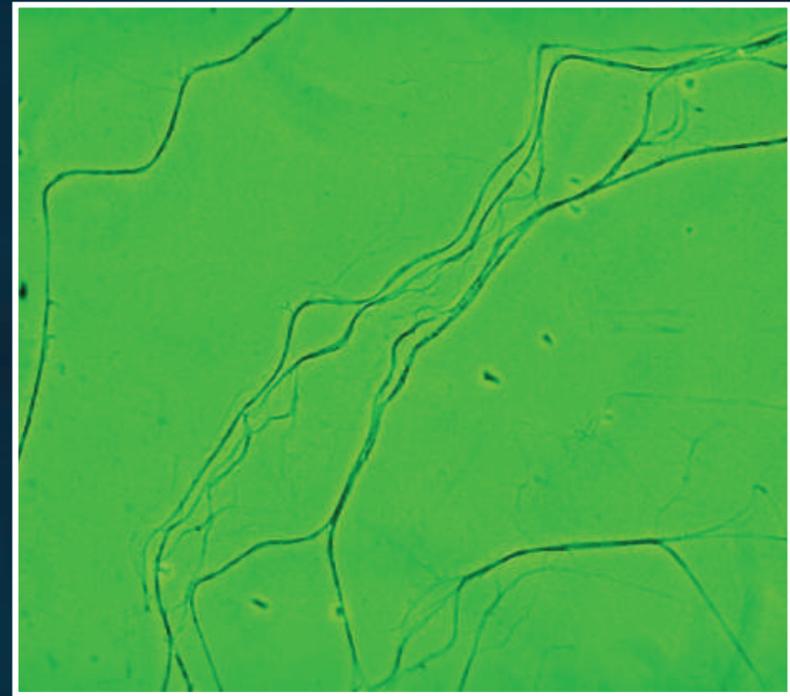
bacterial urethrosis



# URINARY wet mount



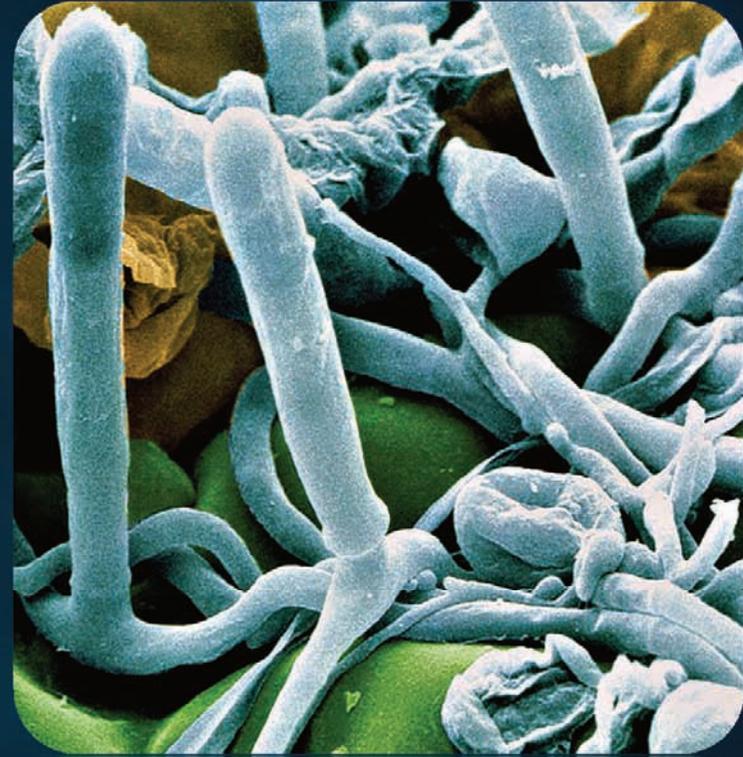
**Adhered** bacteria  
to mucus filaments



**Clean** mucus filaments  
after treatment

**Candida**

albicans



# Bacterial Vaginosis (40%-50%)



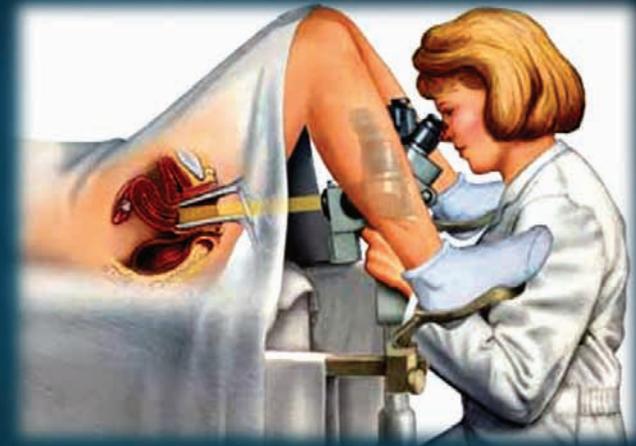
Trichomoniasis  
(15%-20%)

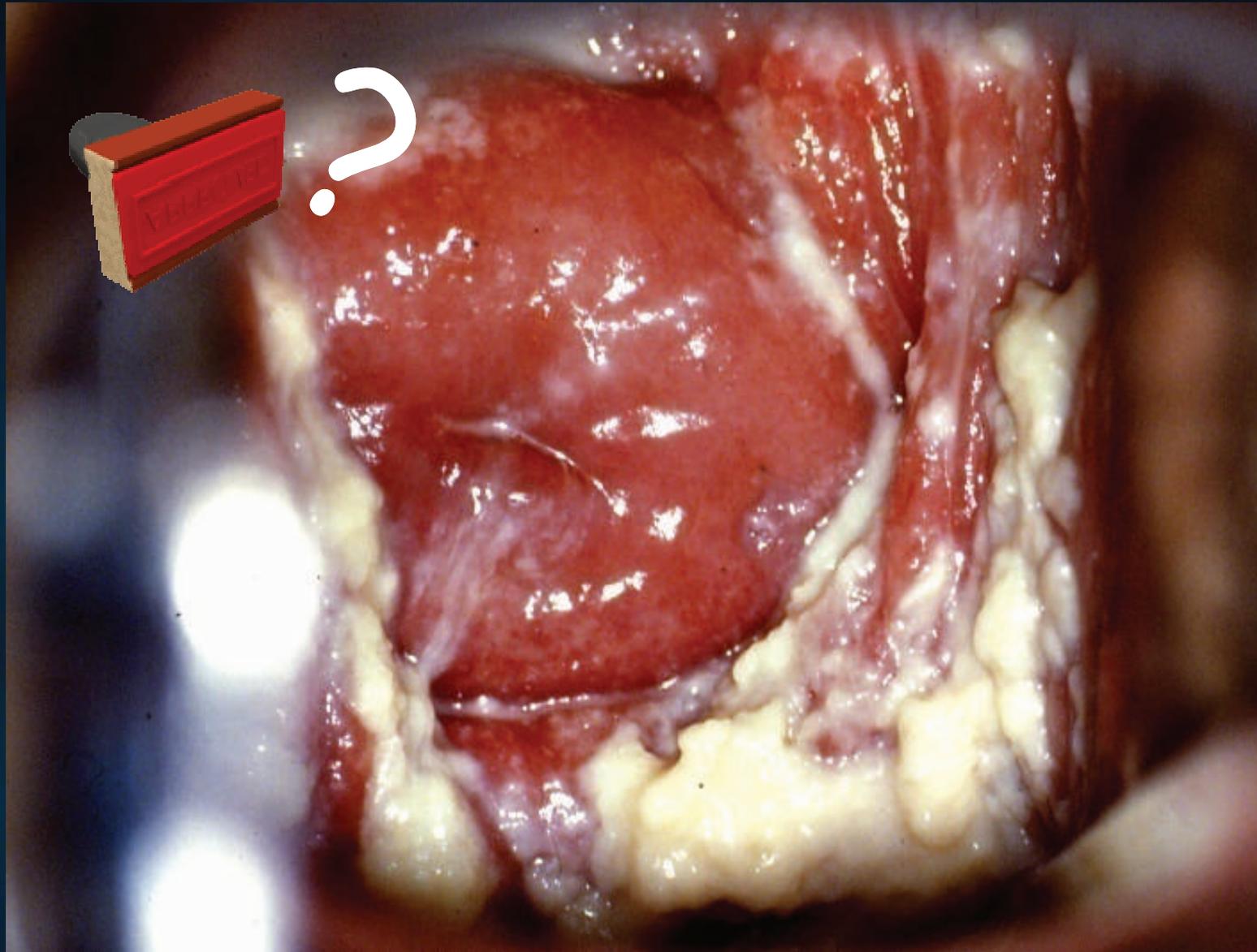
Candidiasis  
(20%-25%)

# CANDIDA

## colposcopy:

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



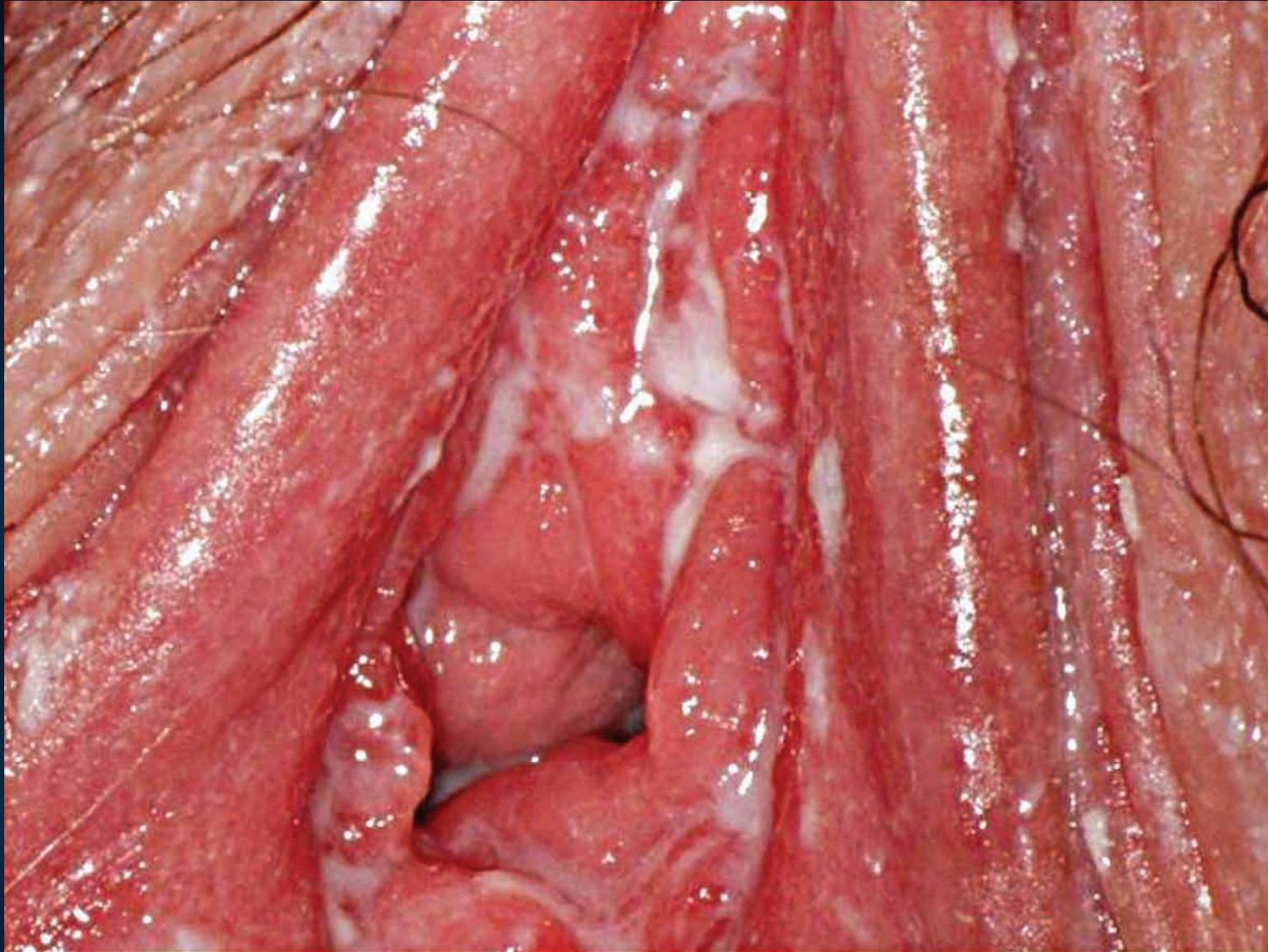


white and **clumpy** discharge

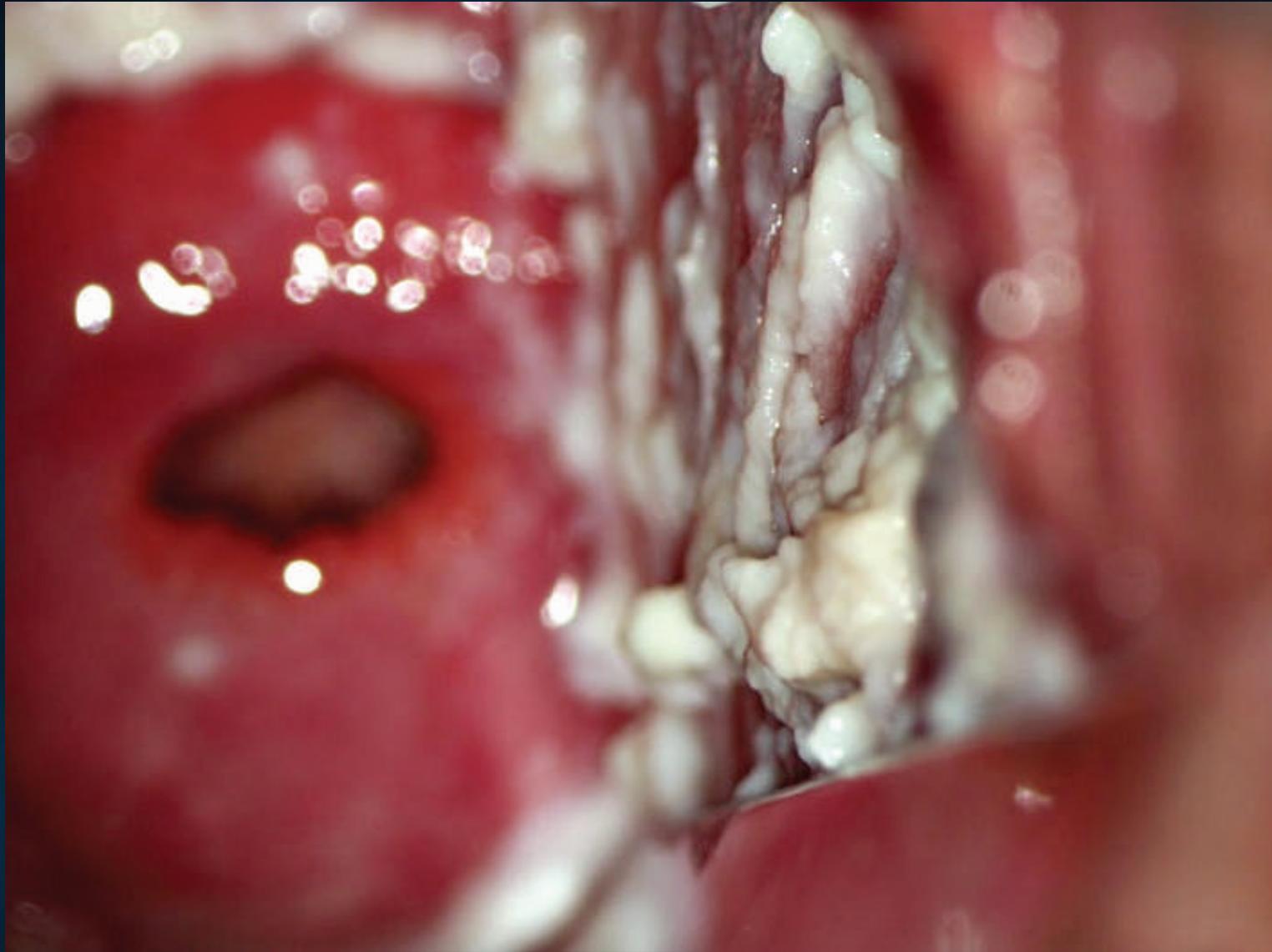
Clinical



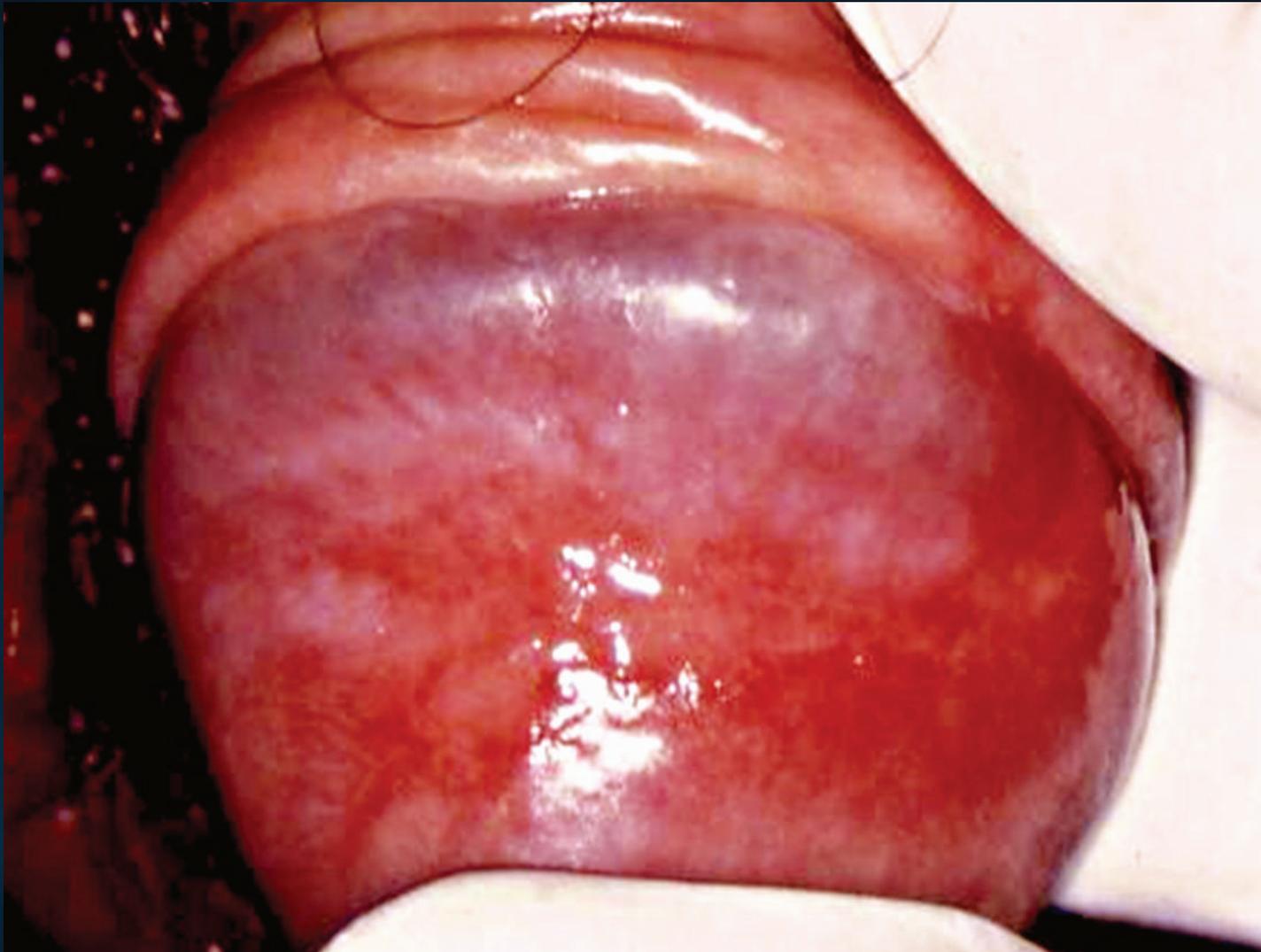
Traps



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



white and **clumpy** discharge



**post-coital** erythema



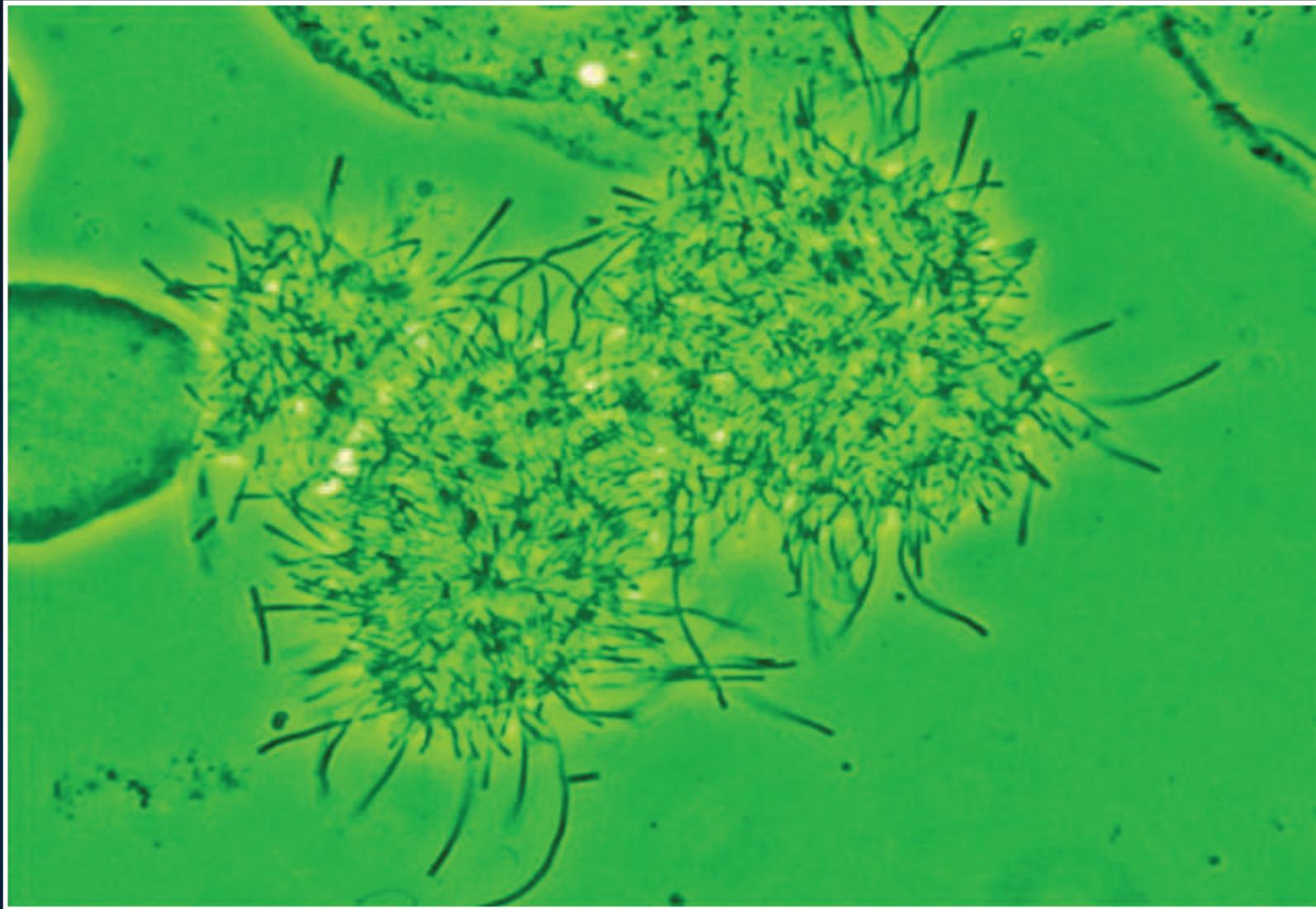
In some of the patients who have **symptoms** and **signs** of vaginal **candidiasis**, which is unresponsive to antifungal drugs, a diagnosis of **cytolytic vaginosis** may have to be suspected



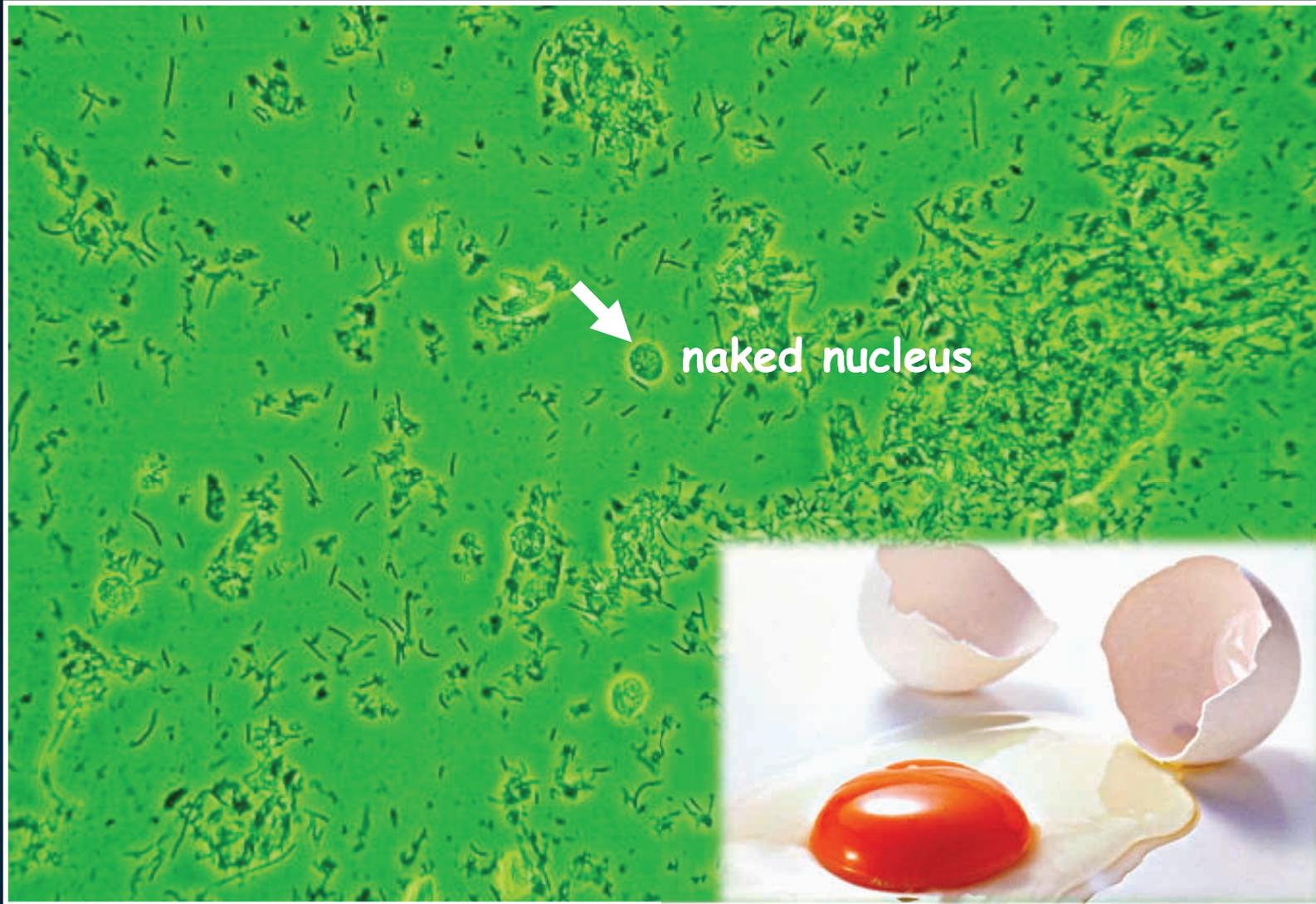
Cytolytic  
vaginosis is  
also known as  
vaginal **lactobacillosis**



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%**

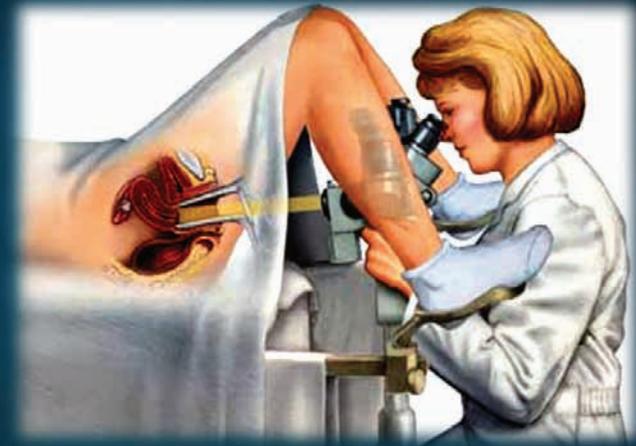


If vaginal lactobacillosis is misinterpreted as a fungal infection, **allergic** reactions to antimycotic therapy may result in **perpetuation** of symptoms that are incorrectly thought to be caused by yeast

# CANDIDA

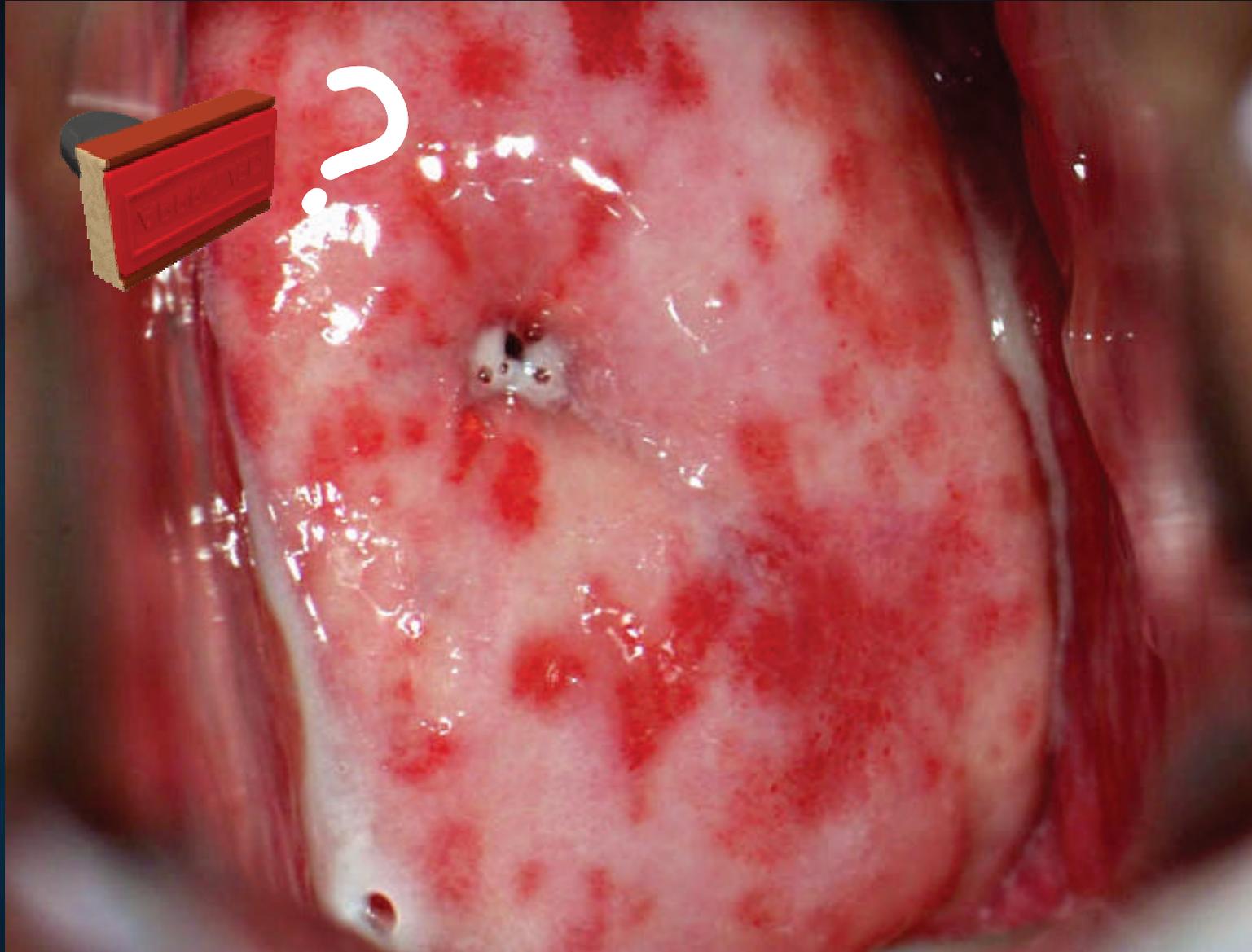
## colposcopy:

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





**fungal** erythematous **maculae**



**funga** erythematous **maculae**

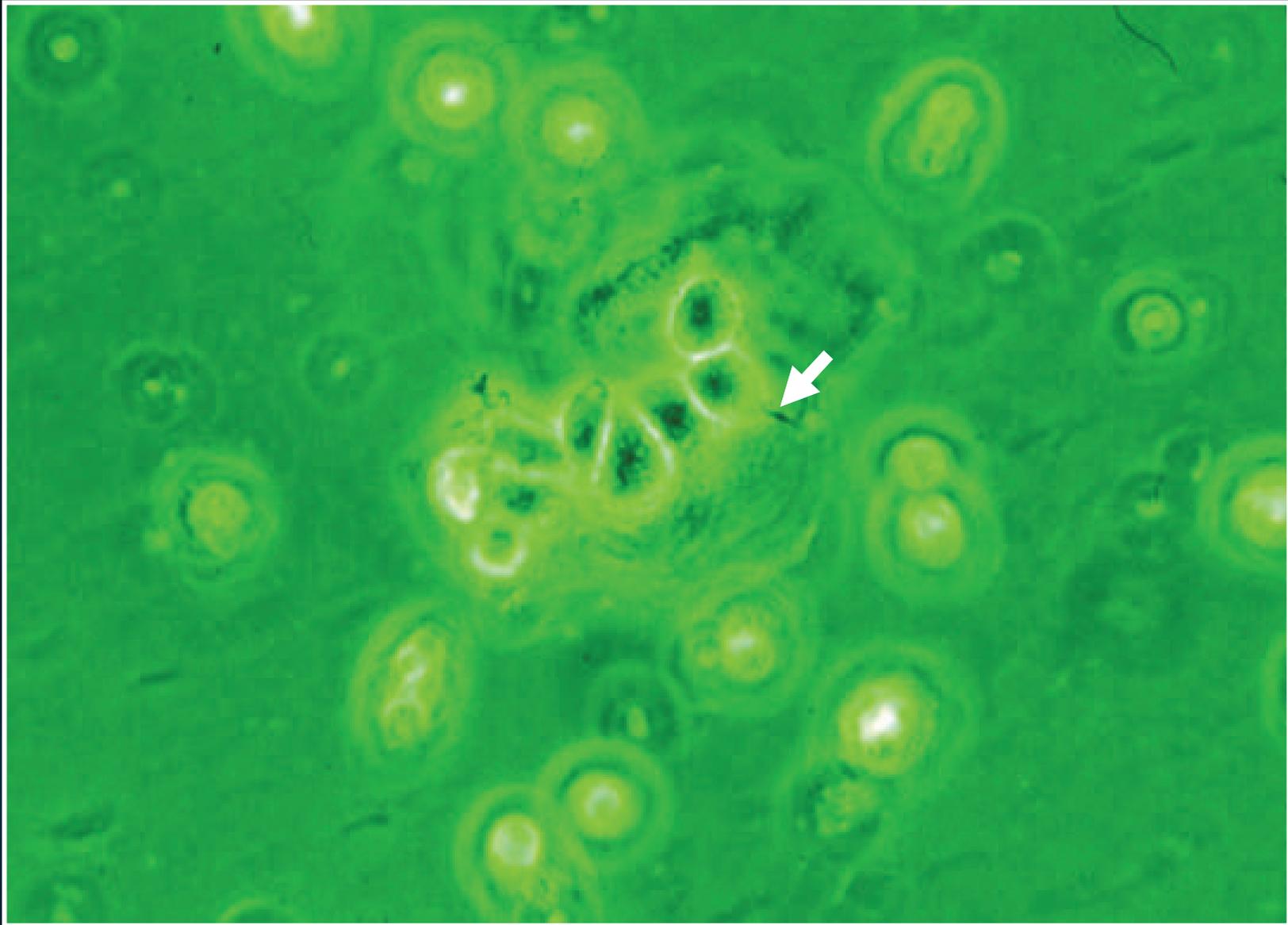


Differential  
diagnosis

vs **Trichomonas**  
petechiae



**Trichomonas** strawberry appearance



cluster of **Trichomonads**

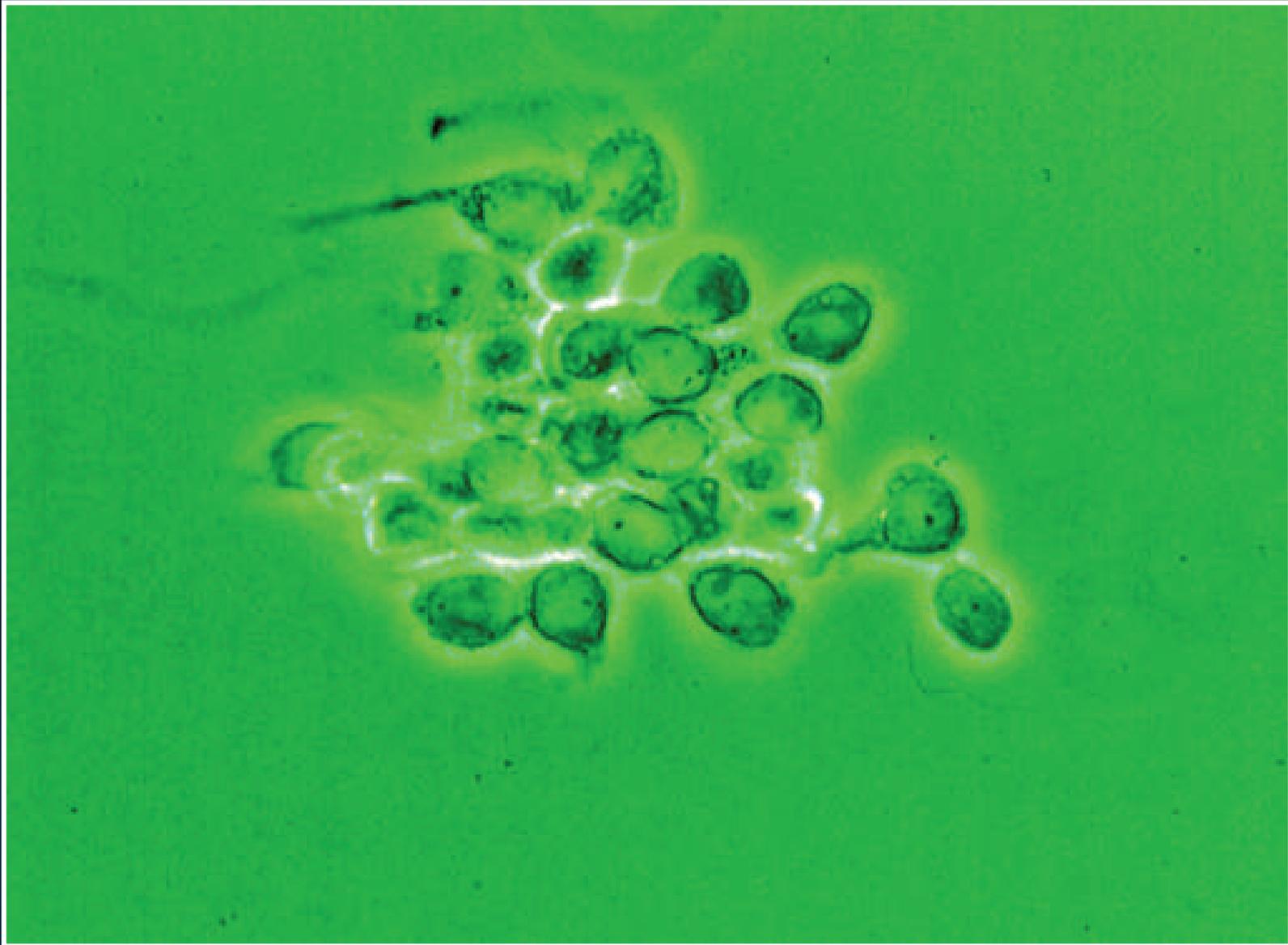


Differential  
diagnosis

vs **dystrophic**  
petechiae



**dystrophic** petechiae



atrophic smear

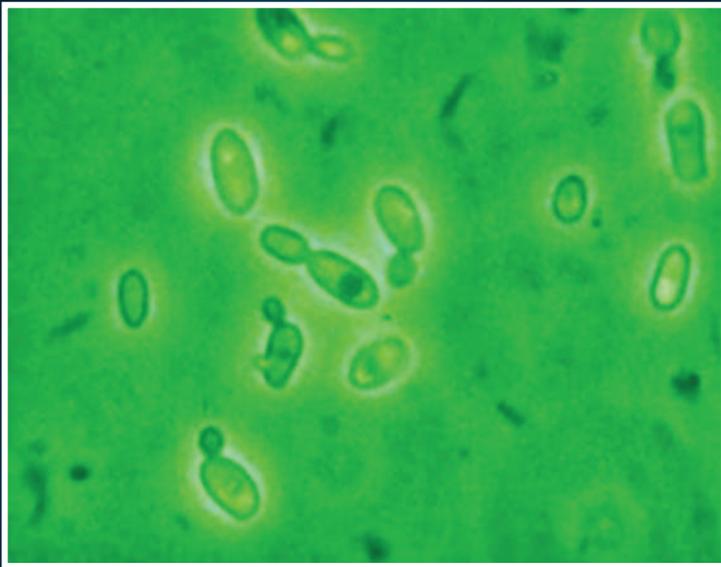
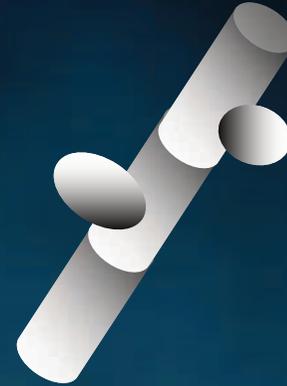
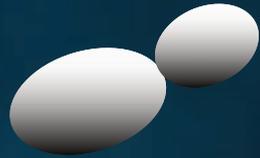
# CANDIDA

## Direct microscopy:

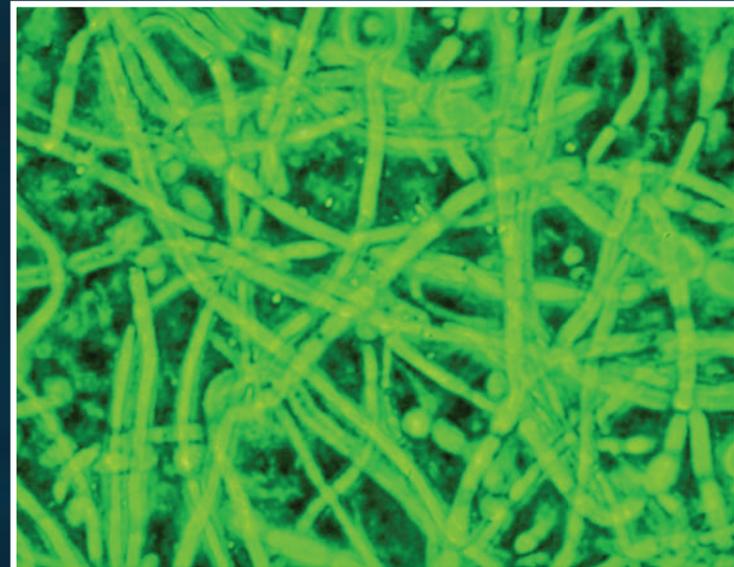
- blastospores
- hyphae
- Candida cytopathy



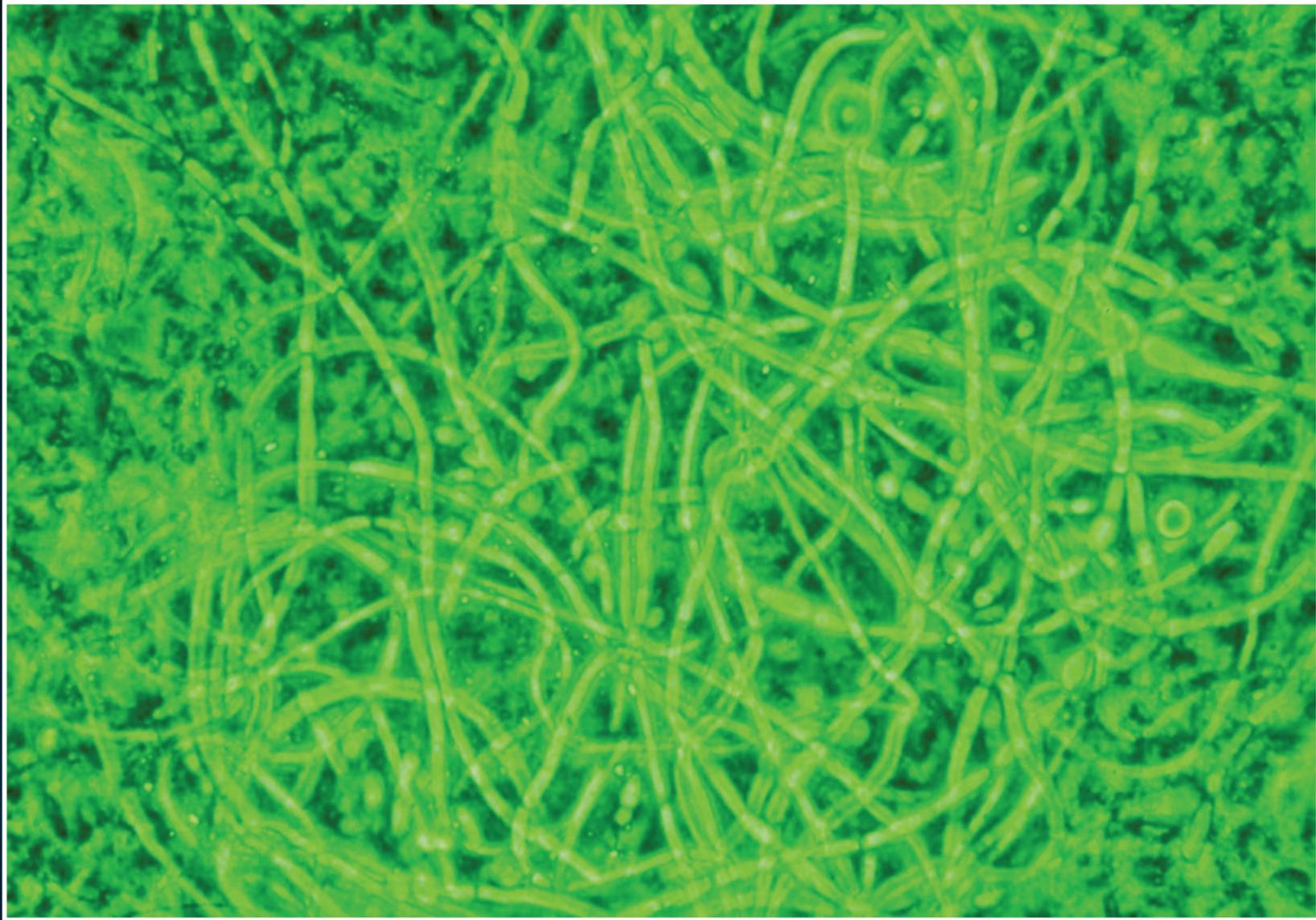
# CANDIDA



budding blastospores



branching hyphae



branching and budding hyphae

Laboratory

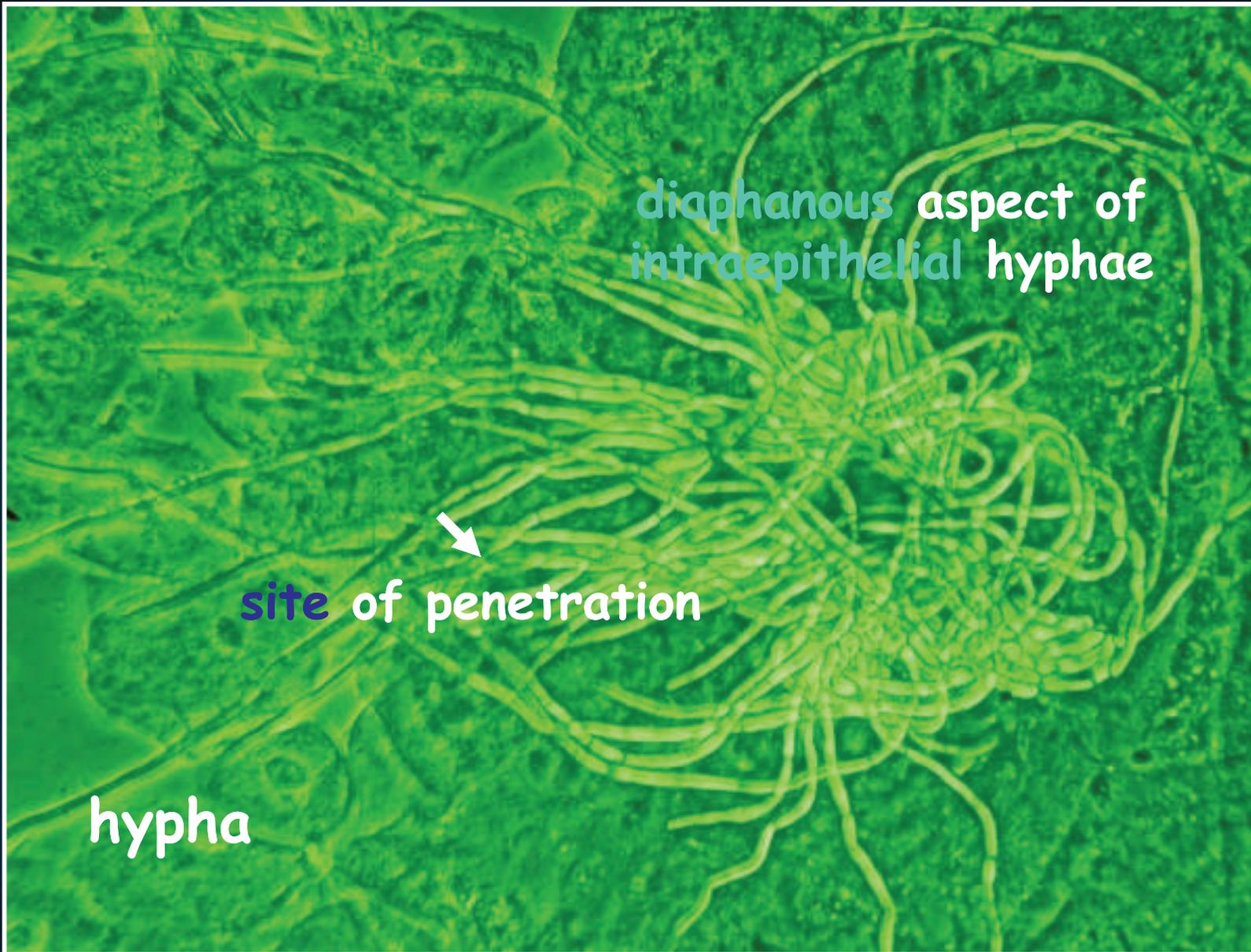


Traps

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



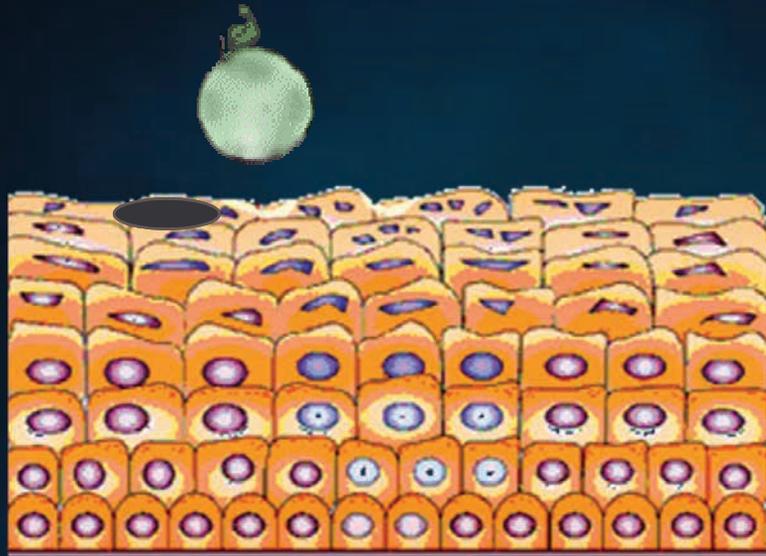
Candida uses  
**proteases** to  
penetrate through  
the vaginal epithelium



diaphanous aspect of  
intraepithelial hyphae

site of penetration

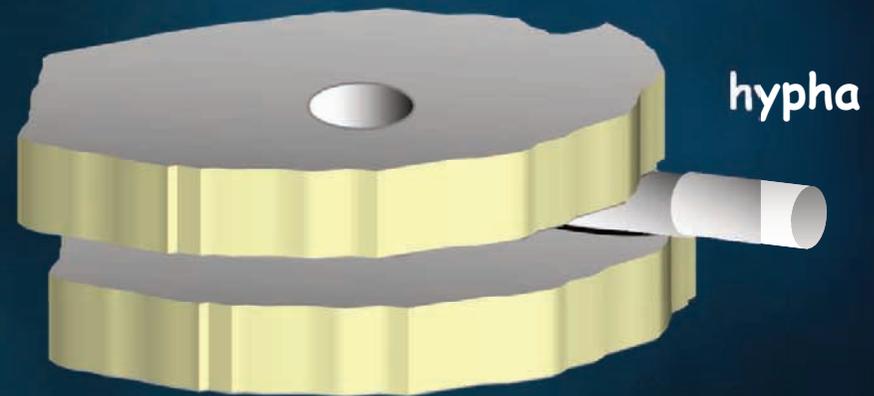
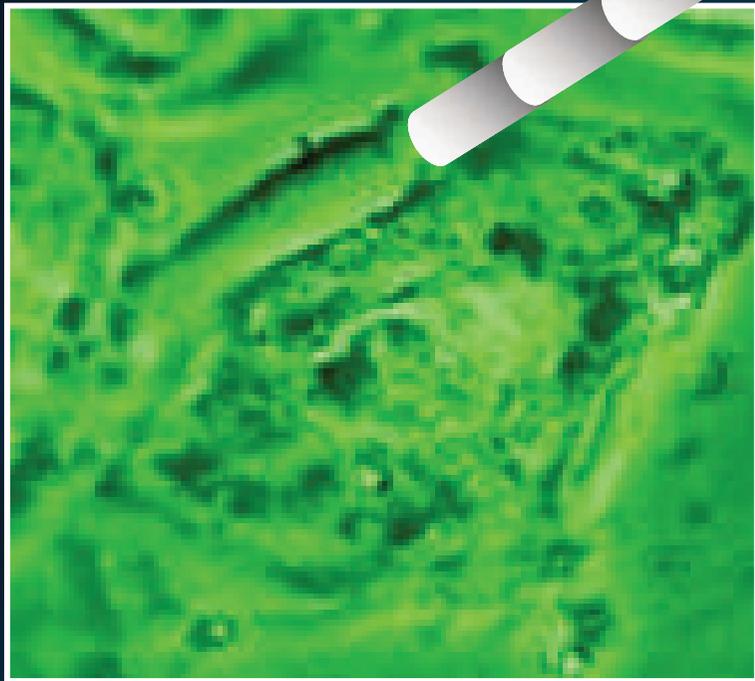
hypha



Passing through  
the vaginal  
epithelium,

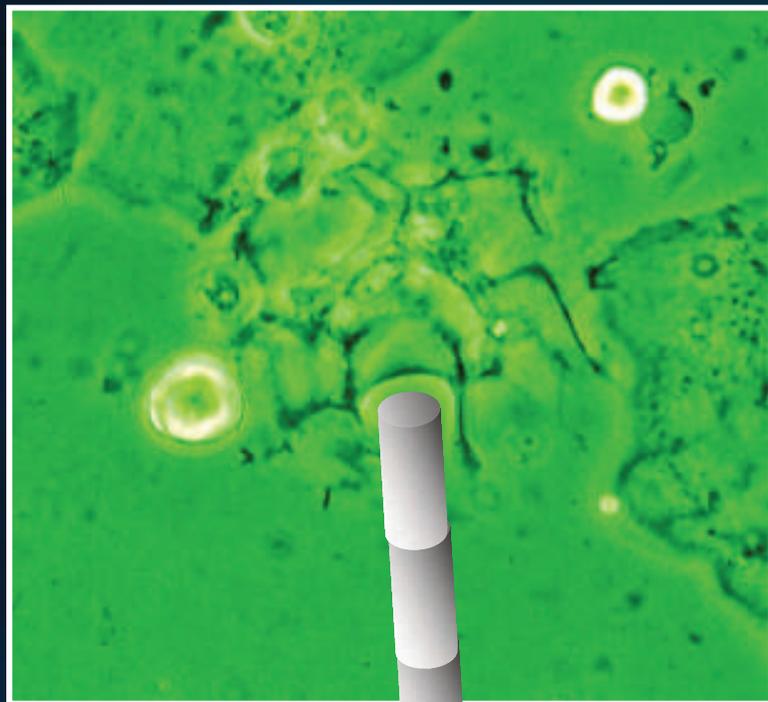
Candida causes a specific  
**cytopathy**, that can be easily  
detected by **direct microscopy**

# CANDIDA EPITHELIAL **INVASION**



Candida cytopathy:  
cytoplasmic **GROOVE**

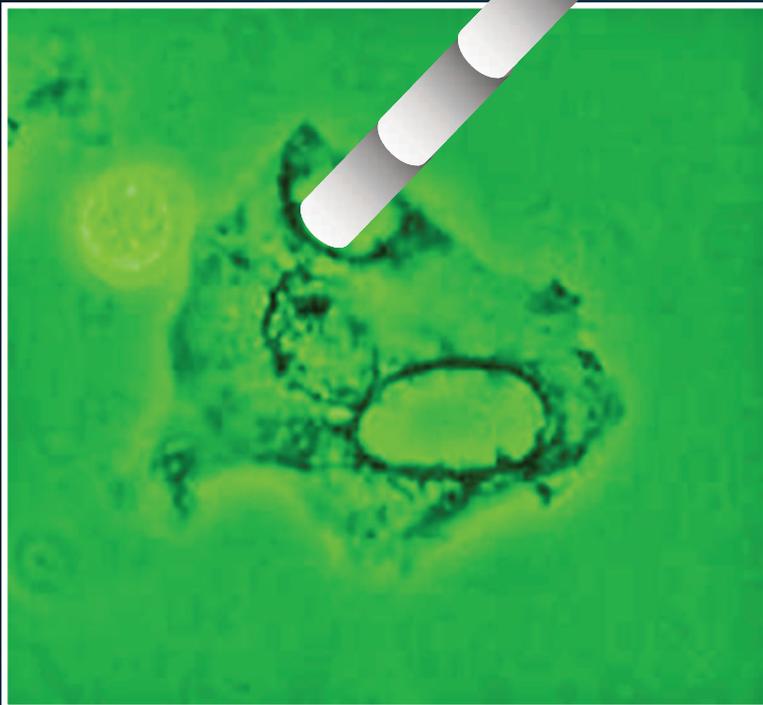
# CANDIDA EPITHELIAL **INVASION**



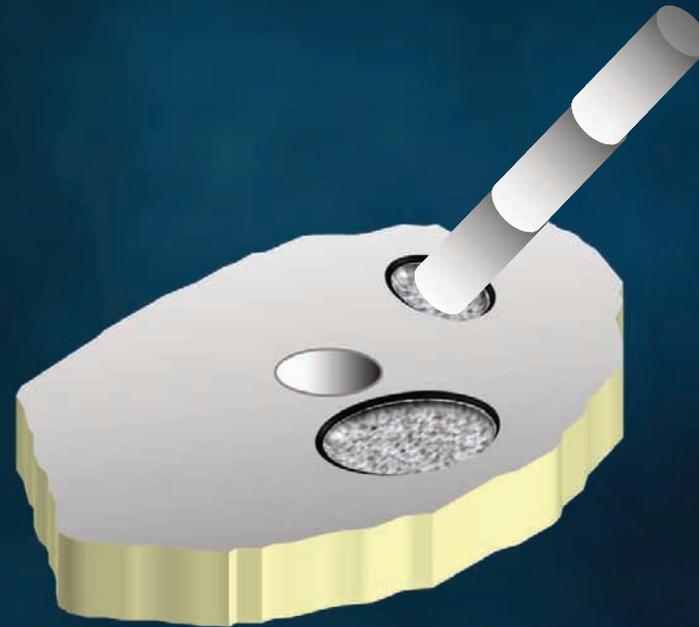
Candida cytopathy:  
marginal **EROSION**



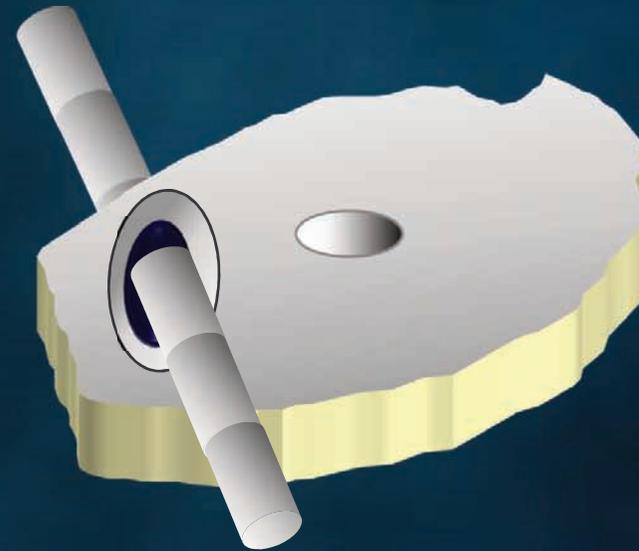
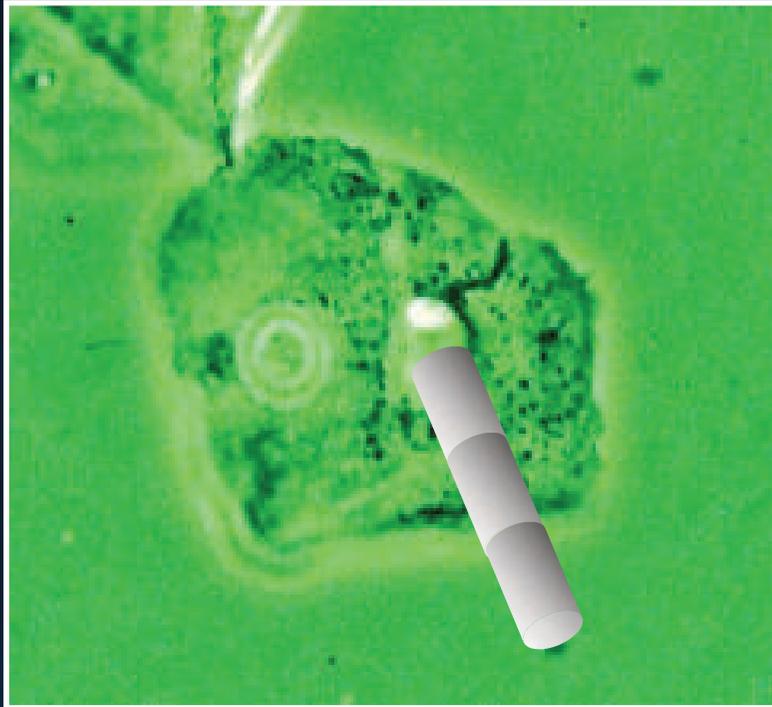
# CANDIDA EPITHELIAL **INVASION**



Candida cytopathy:  
cytoplasmic **HOLES**

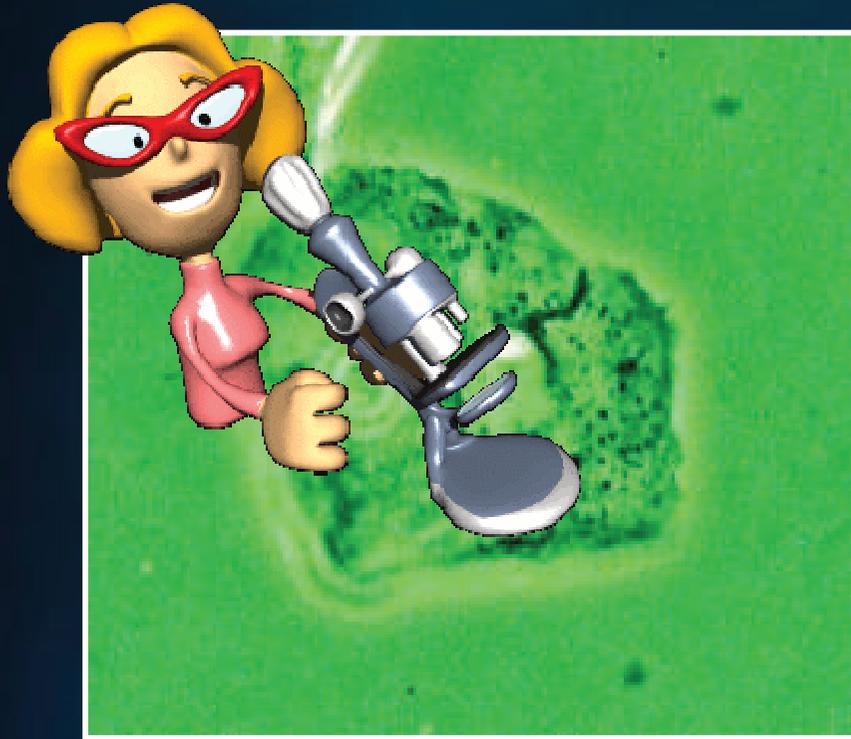


# CANDIDA EPITHELIAL **INVASION**

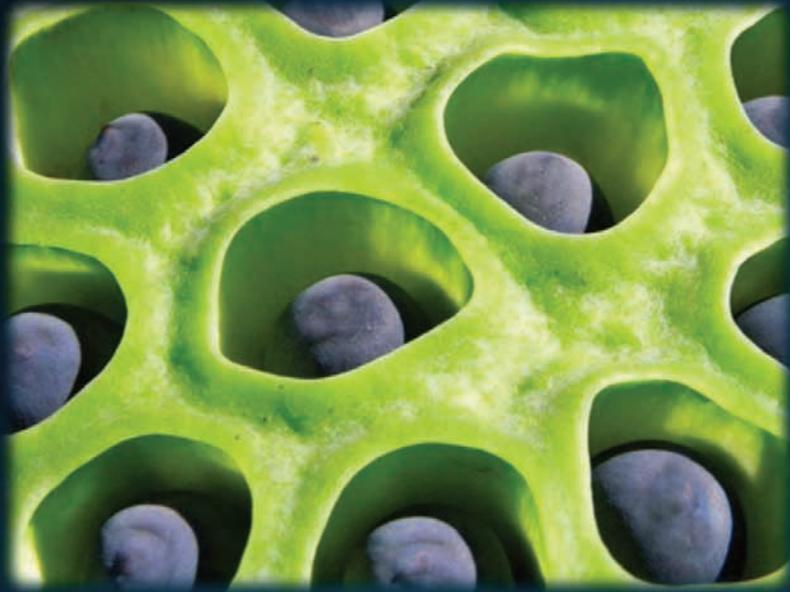


Candida cytopathy:  
cytoplasmic **TUNNEL**

## CANDIDA EPITHELIAL **INVASION**



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



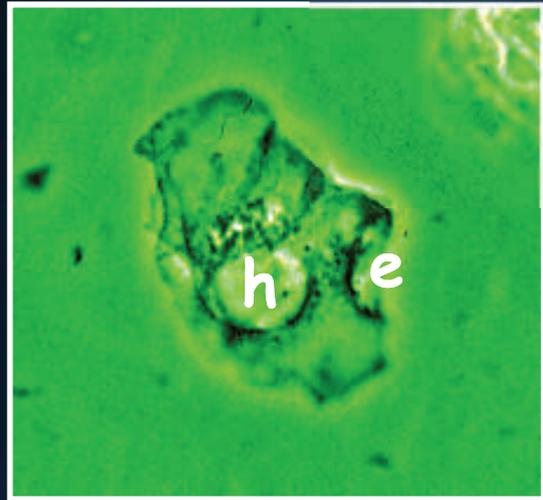
## Candida cytopathy

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

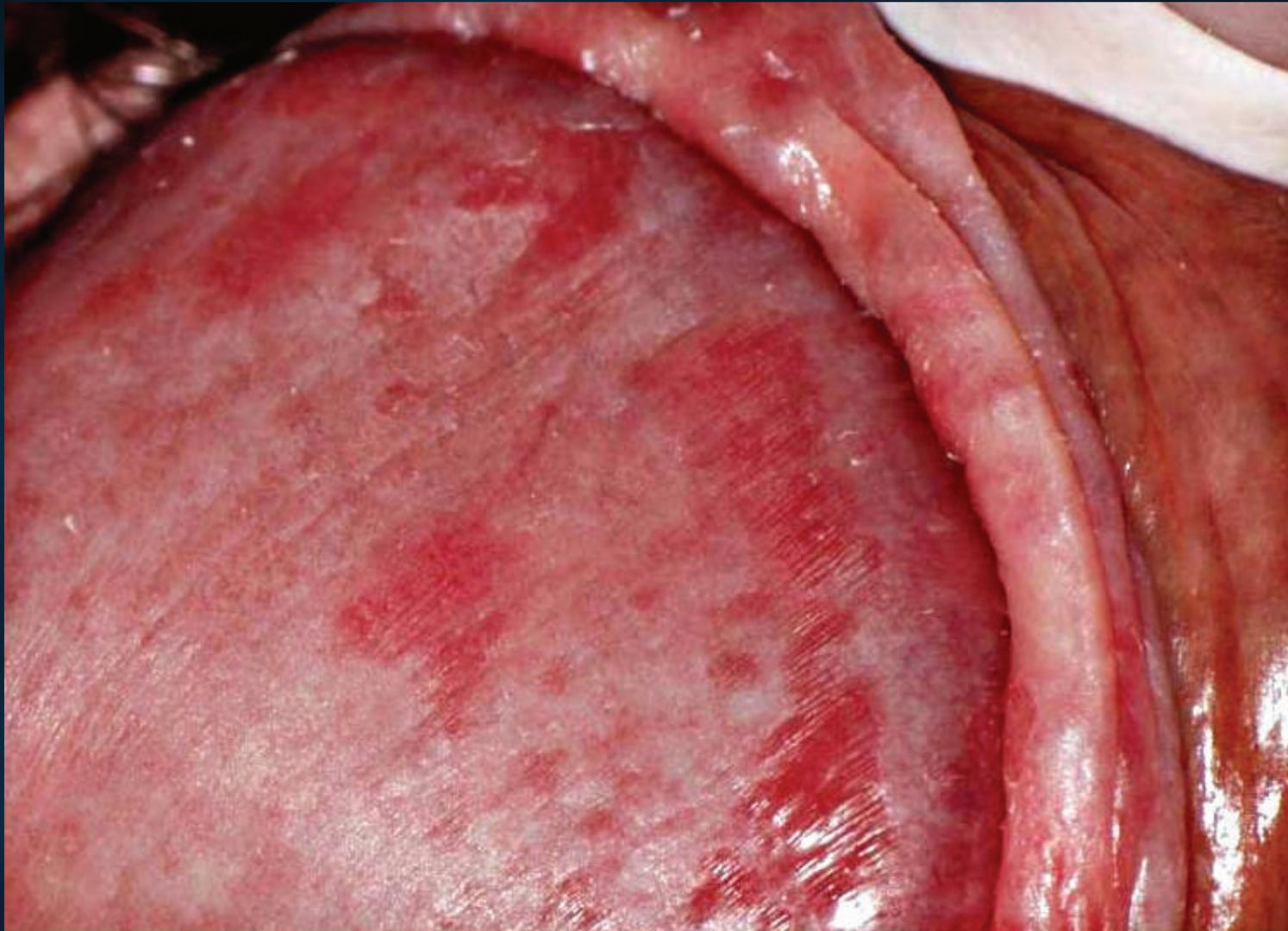
**no** penile **signs**

or **symptoms**

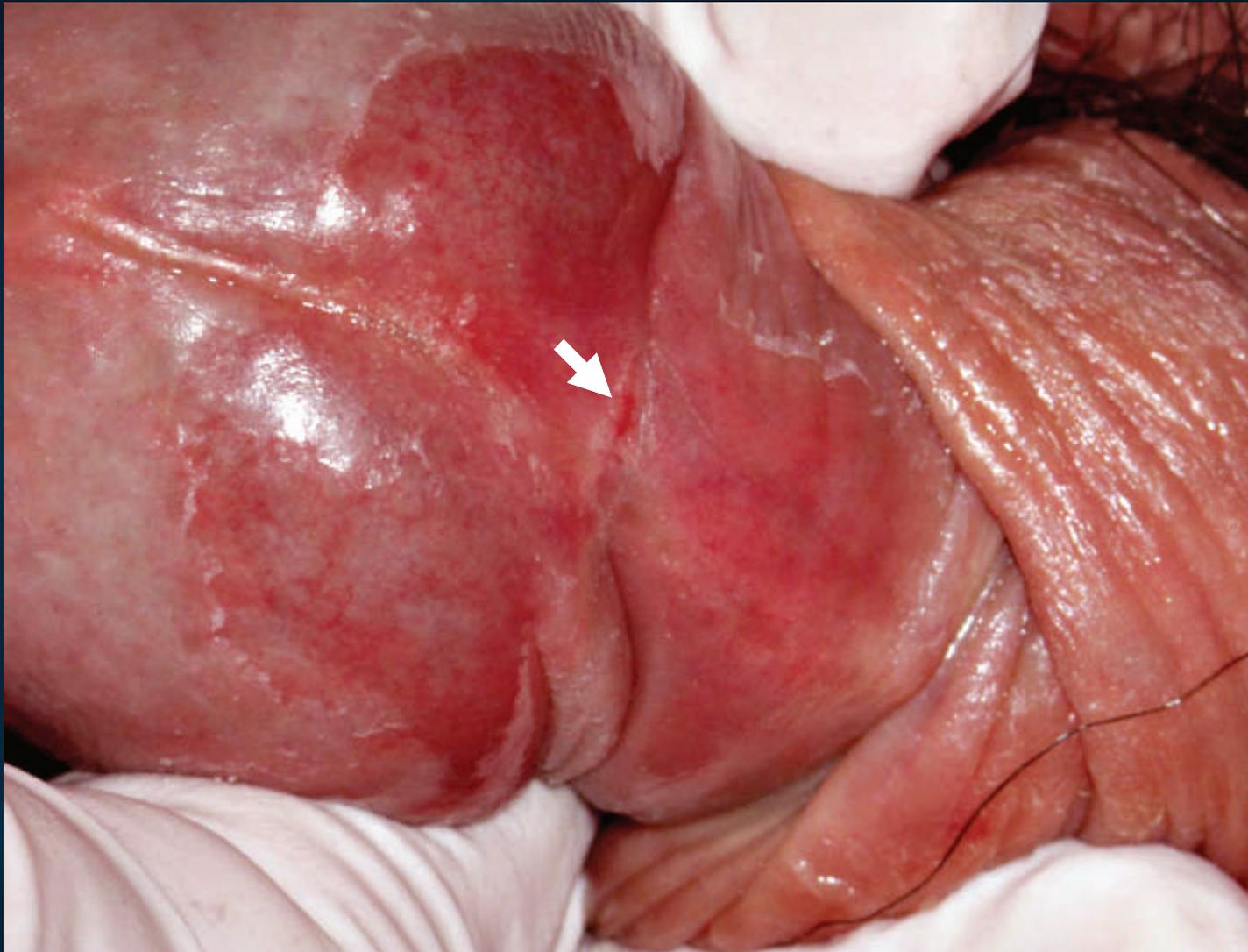




**erythematous** balanoposthitis



**erythematous** patches



**erythema and fissure**



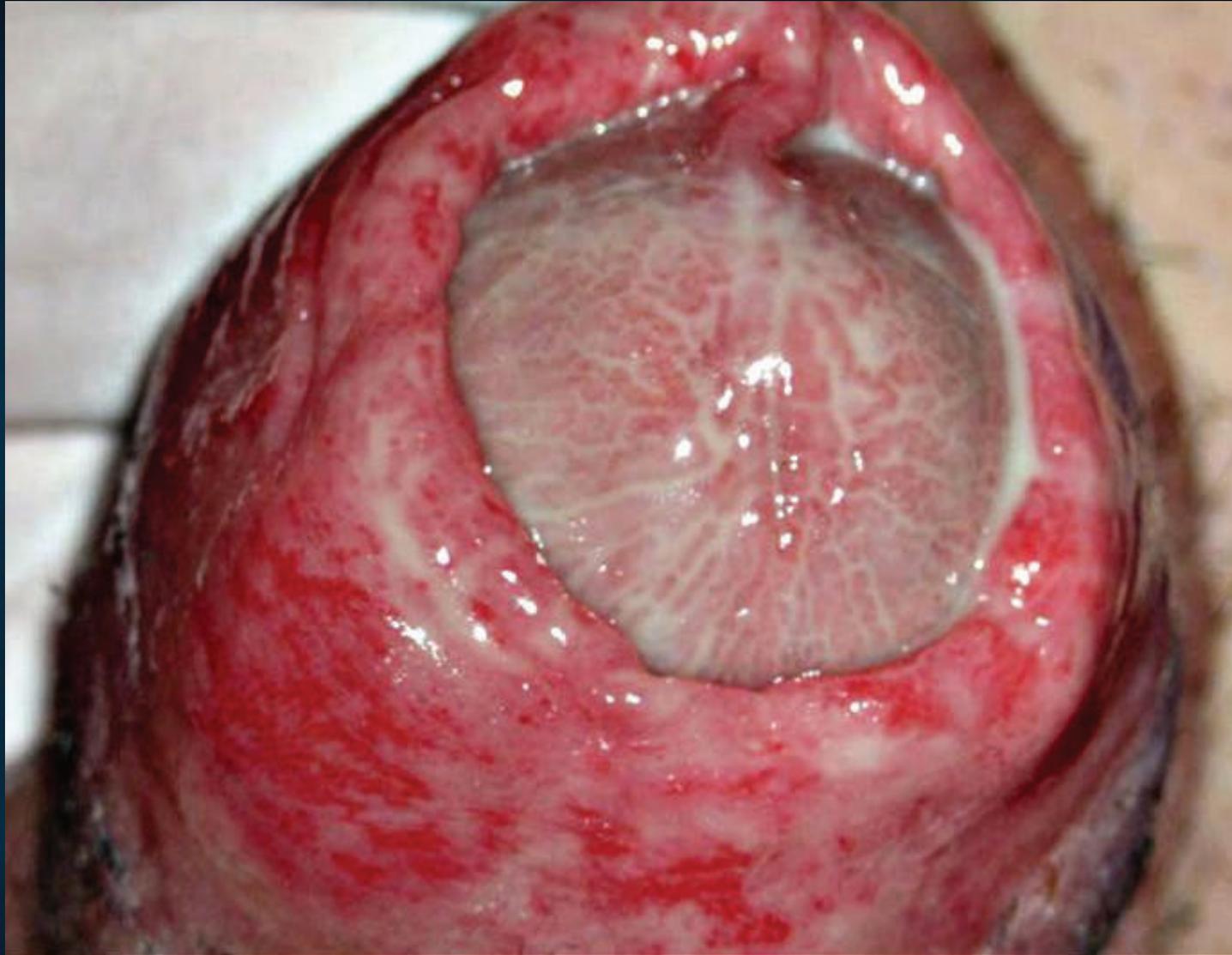
maculae



micro **blisters**



**exfoliating** balanoposthitis

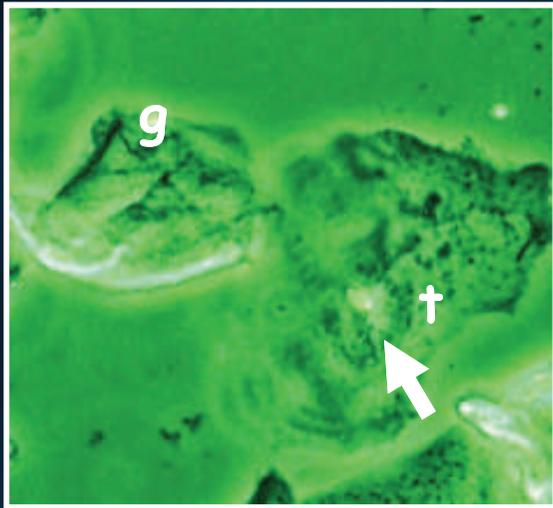


**exudative** balanoposthitis



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

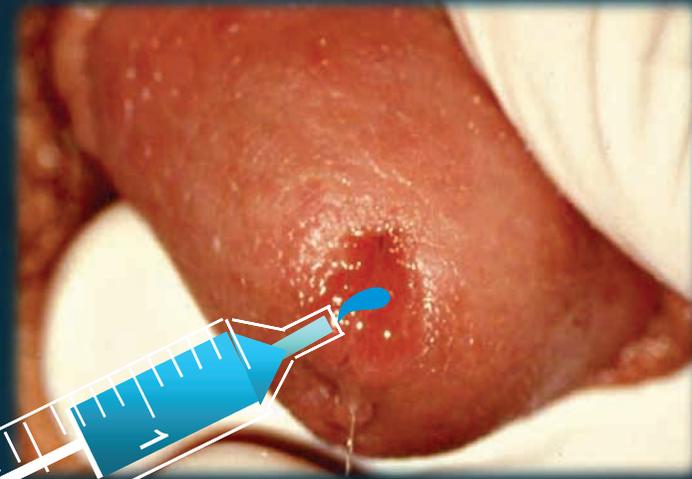
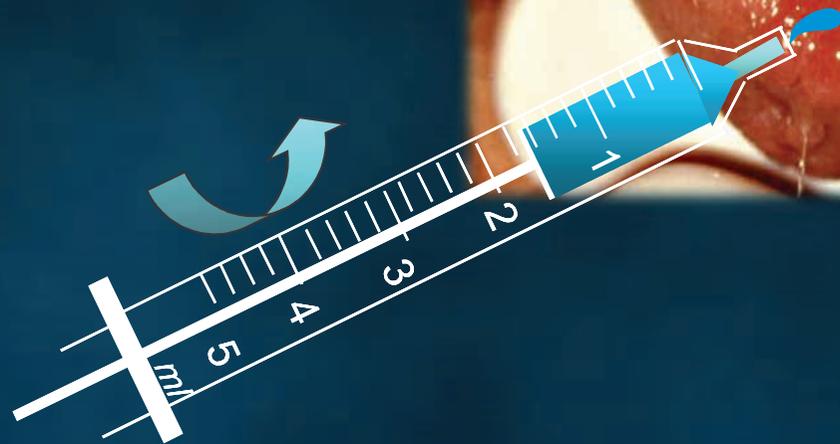
## CUTANEOUS wet mount



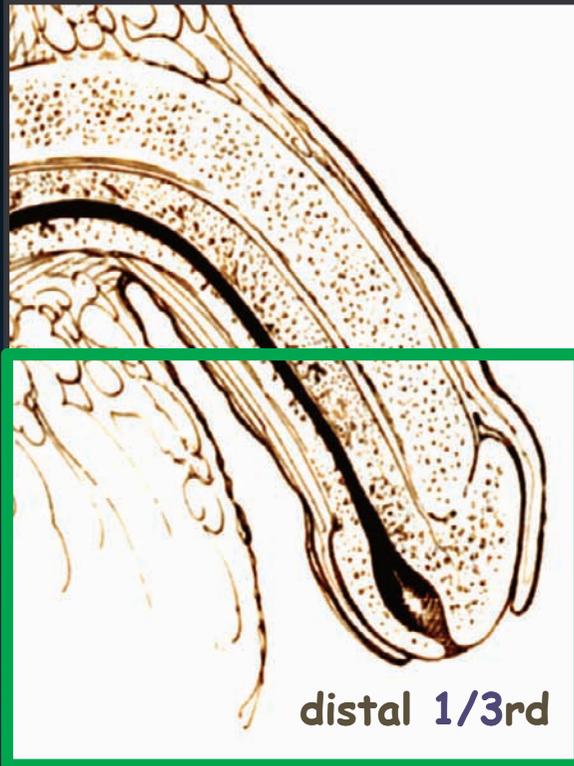
Candida cytopathy:  
(cytoplasmic **groove** and  
and **tunnel** in horny cell)

URINARY wet mount

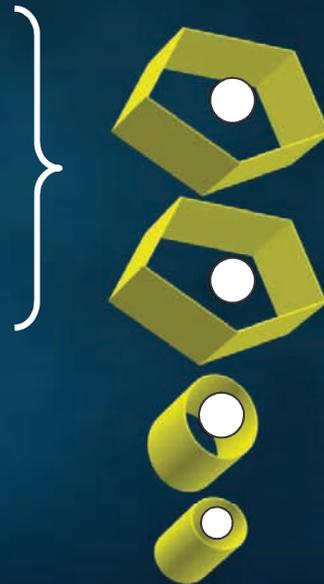
# Colonization Level



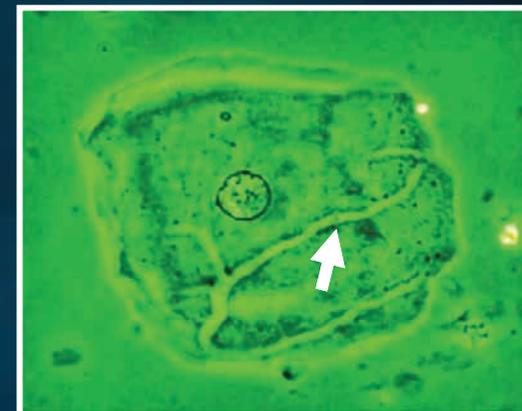
# URINARY EPITHELIA



squamous

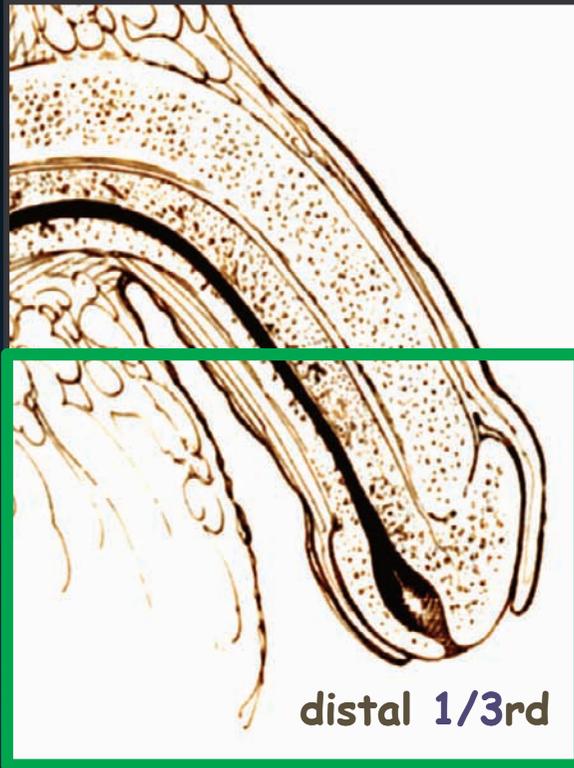


URO-wet mount

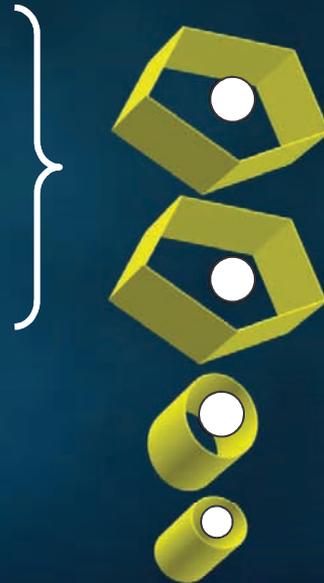


grooves

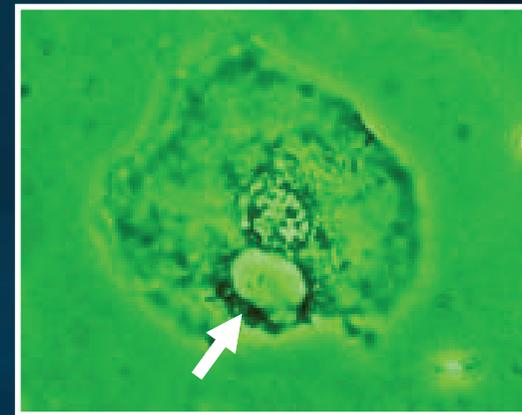
# URINARY EPITHELIA



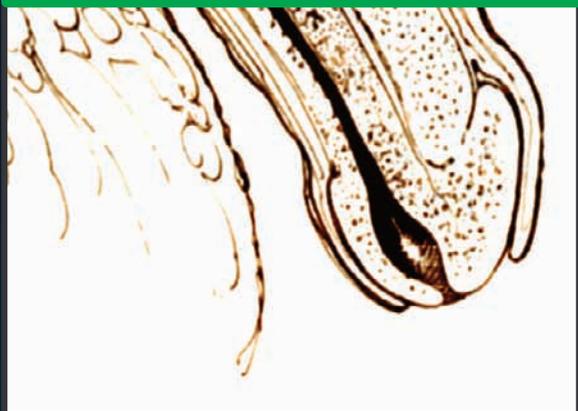
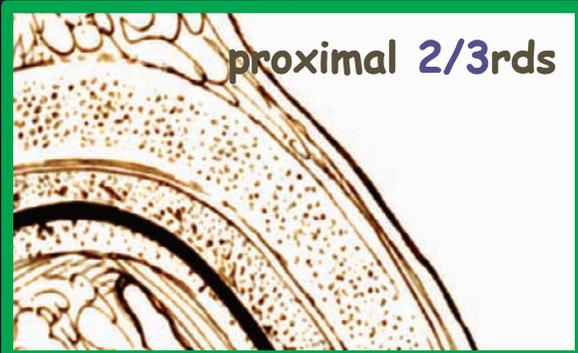
squamous



# URO-wet mount



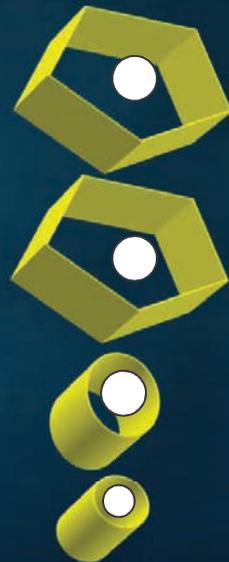
# URINARY EPITHELIA



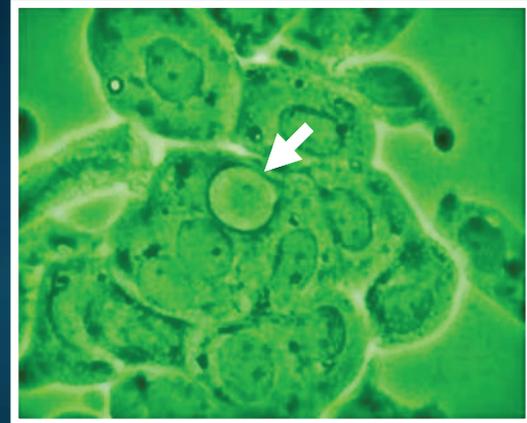
transitional



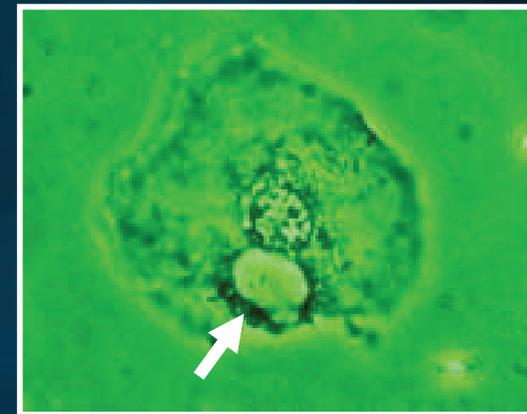
squamous



# URO-wet mount

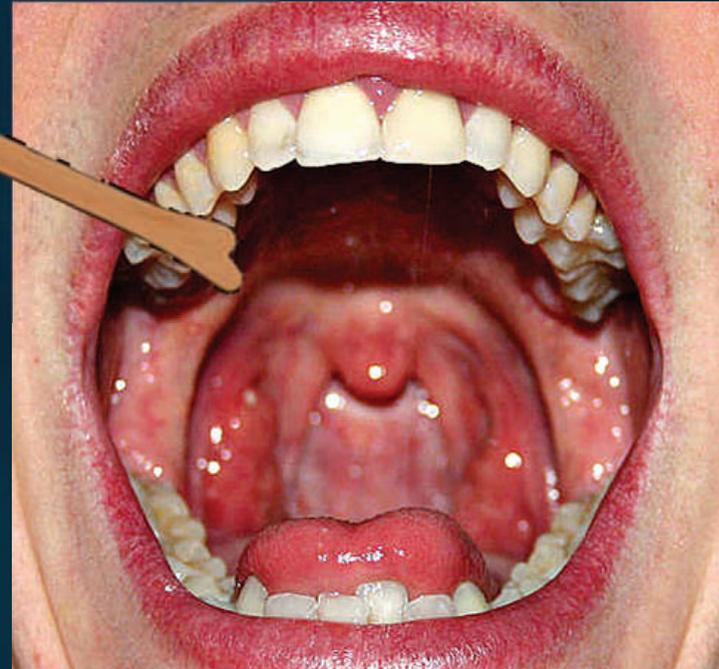
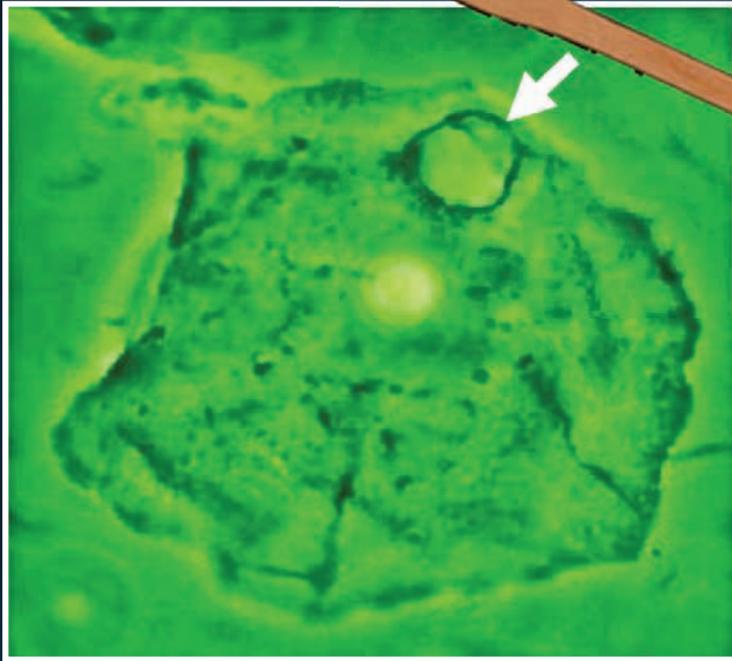


hole



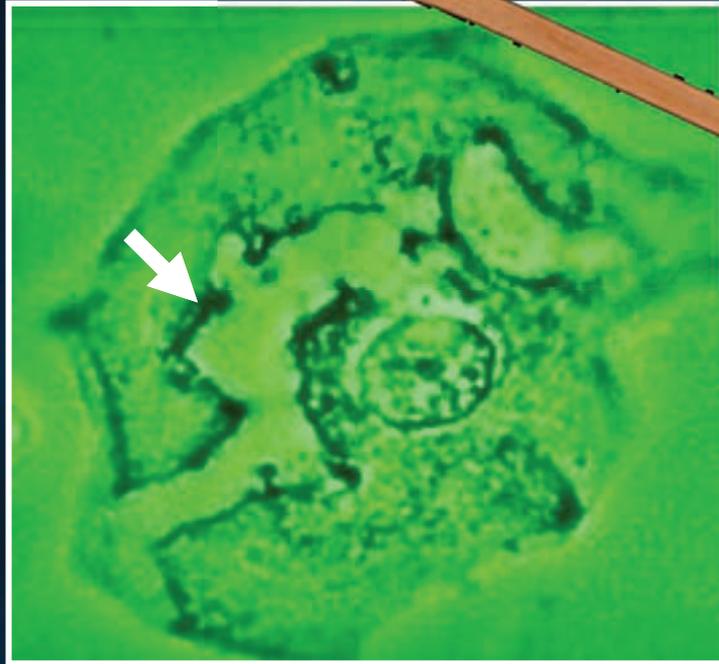
hole

## BUCCAL wet mount



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

## RECTAL wet mount

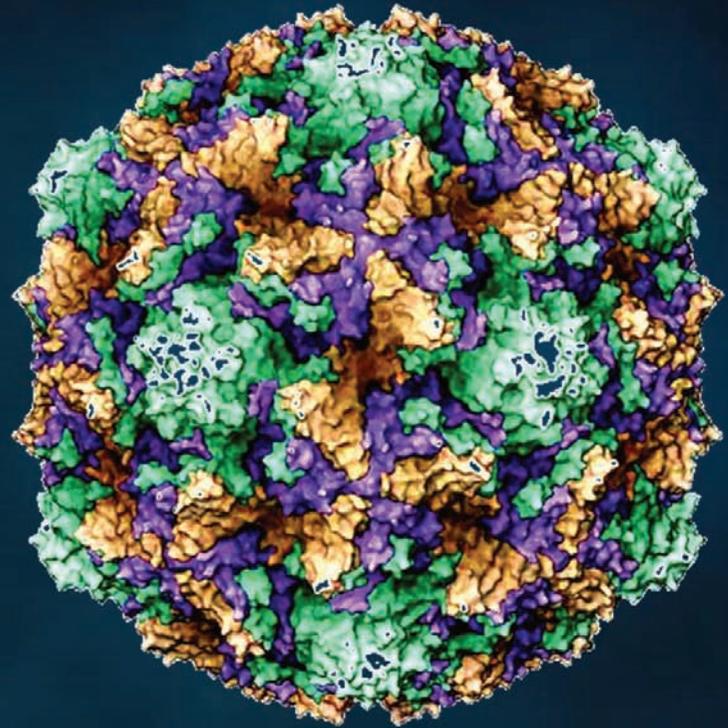


Candida **cytopathy**:  
cytoplasmic **holes**

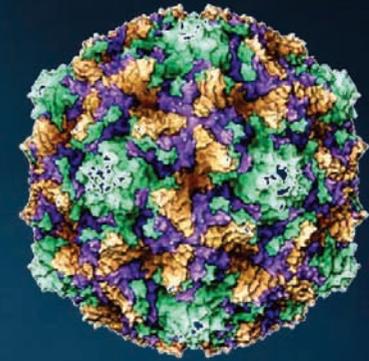
Human

Papilloma

Virus



# Human Papilloma



# Virus is the

**most common** sexual

**transmitted** infection



condyloma **acuminatum** of the palate



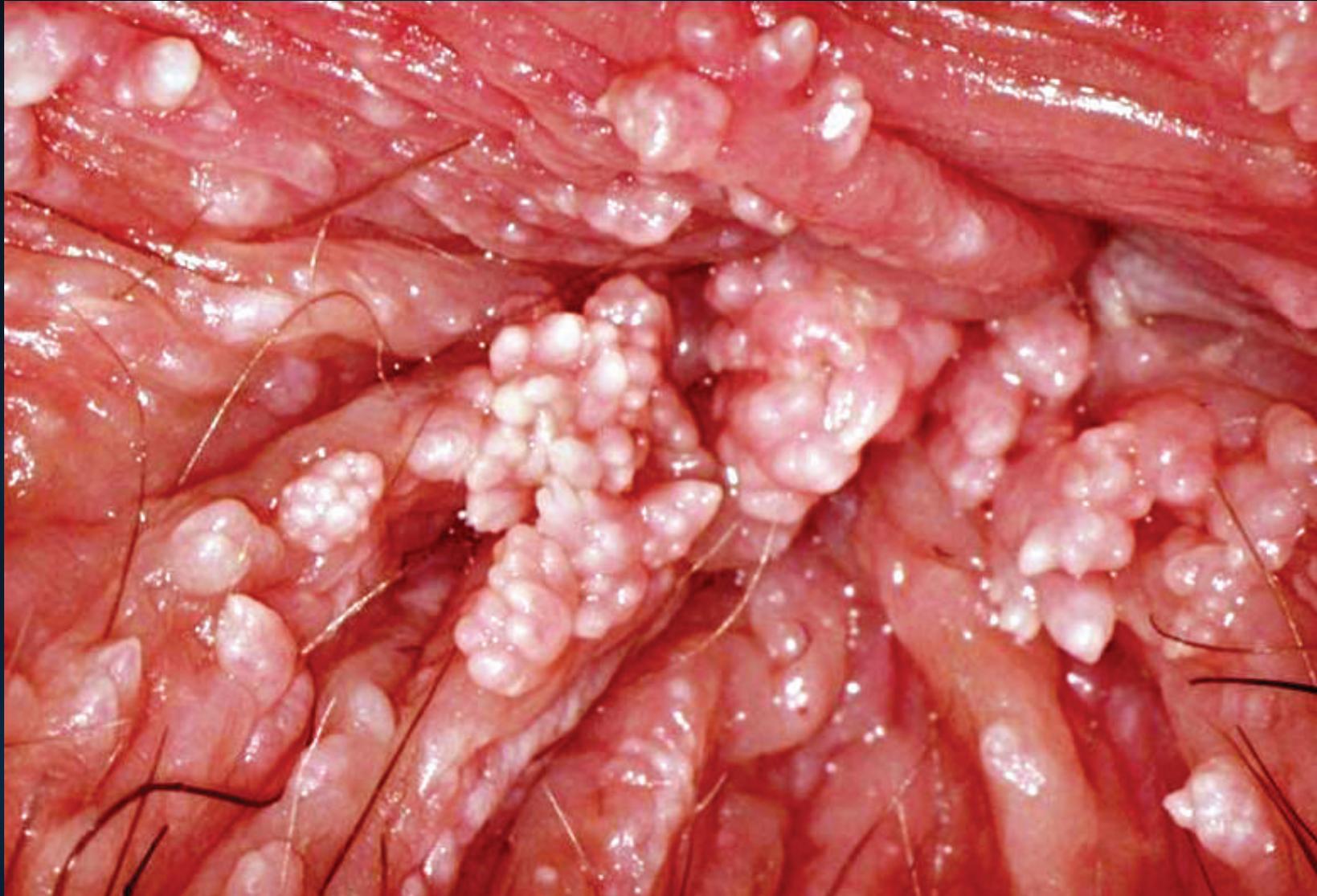
condyloma **acuminatum** of the tongue



hymenal **flat** condyloma



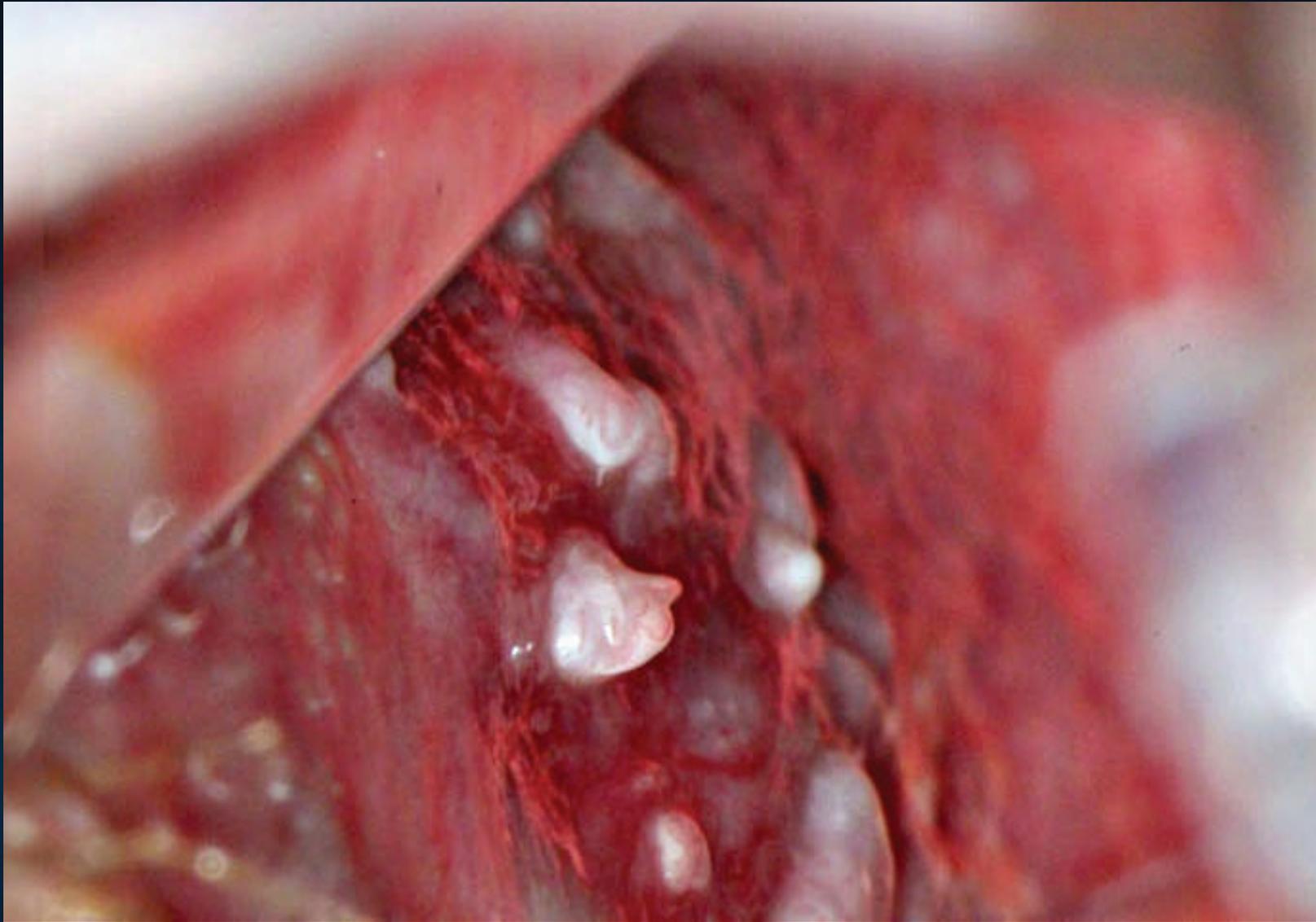
perianal **flat** condyloma



**anal** florid condyloma



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

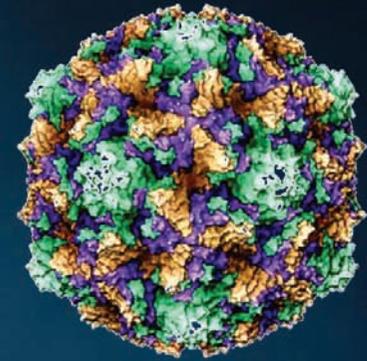


**rectal** florid condyloma



**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

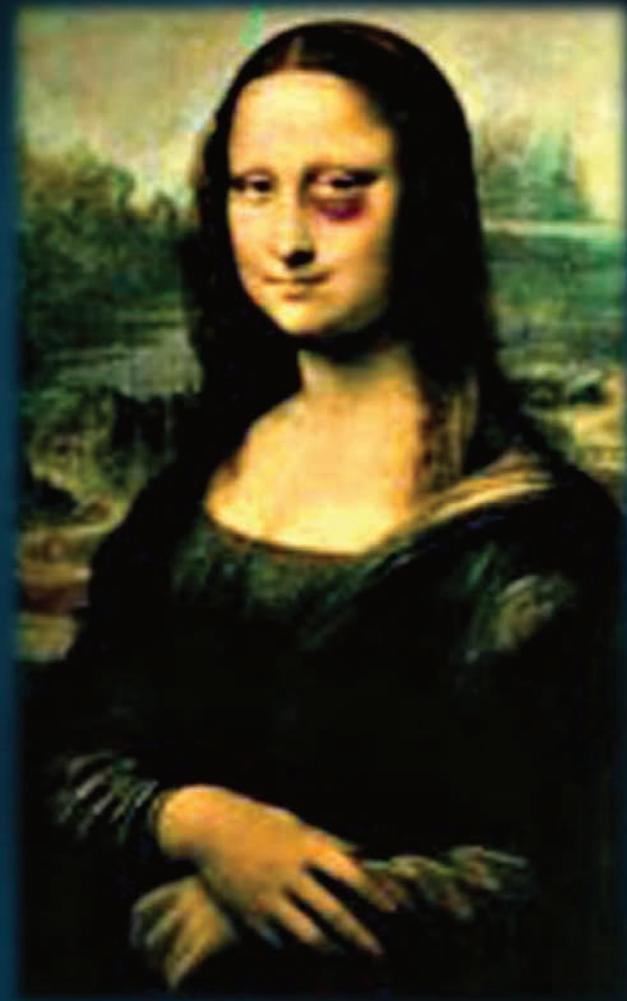
may represent

the only warning

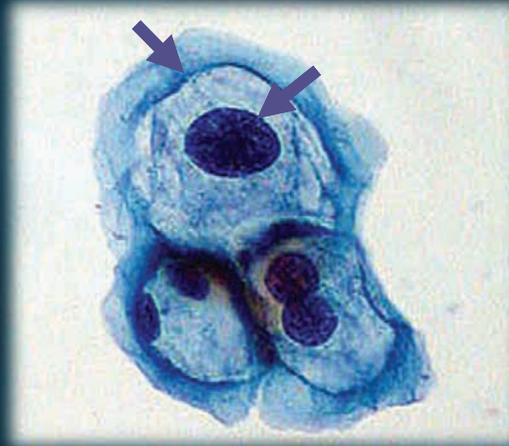
signal in patients

not referred

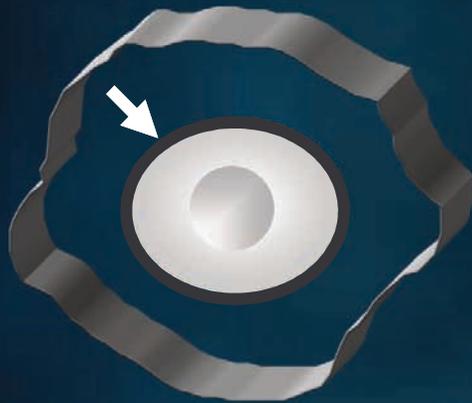
for Pap smear



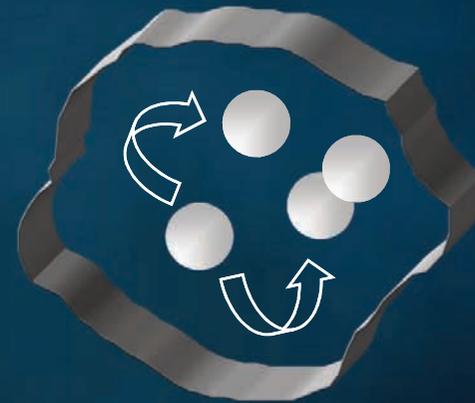
# HPV-related **CELL** findings



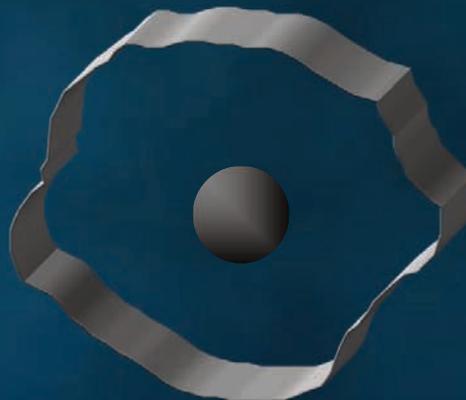
Pap smear



**koilocyte**



**multinucleation**

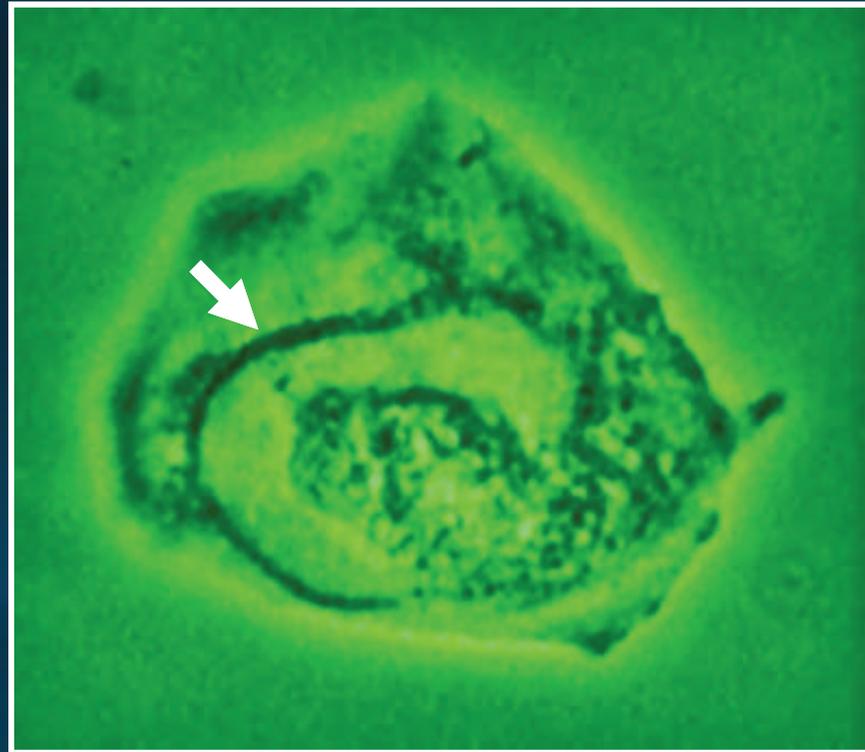


**dark nucleus**

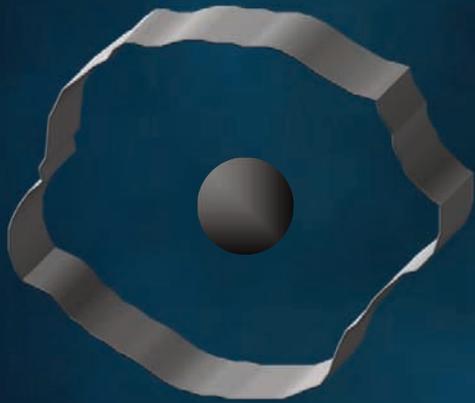
WET mount



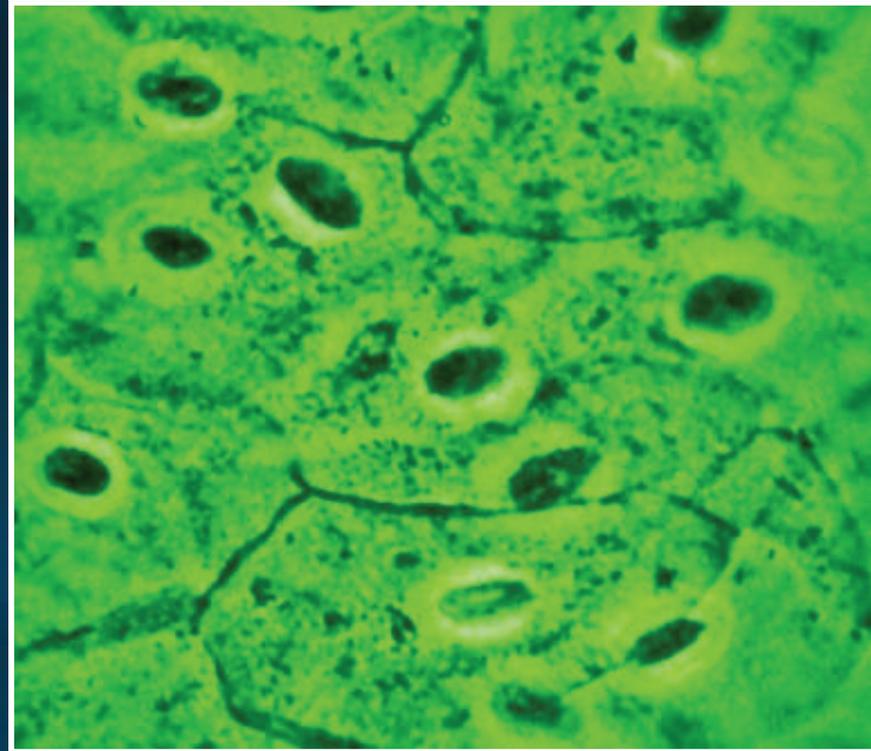
koilocyte



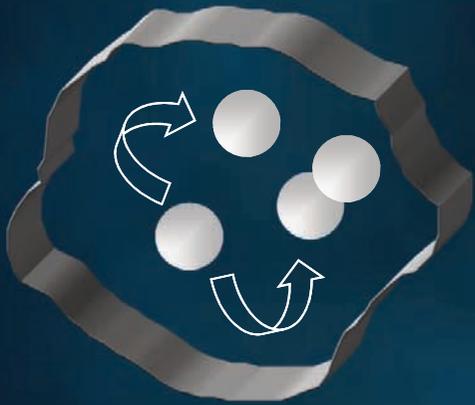
# WET mount



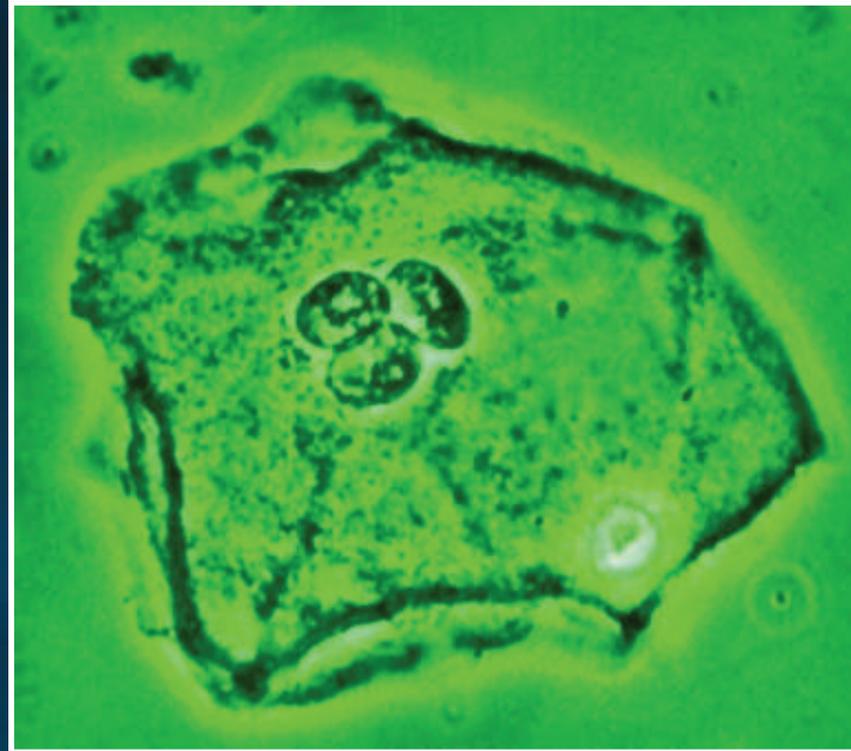
**dark** nuclei



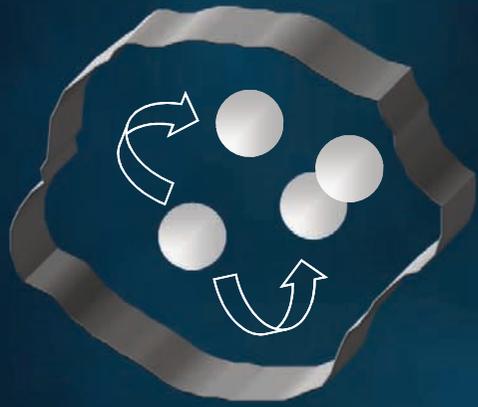
# WET mount



multinucleation



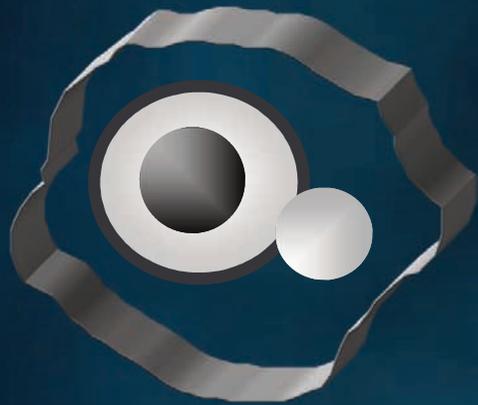
# WET mount



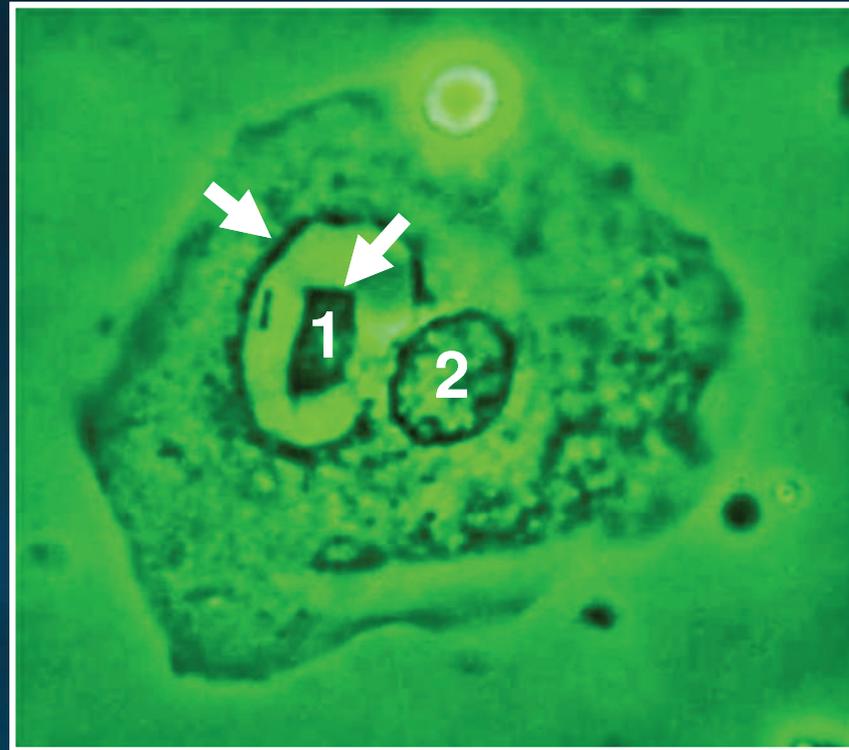
multinucleation



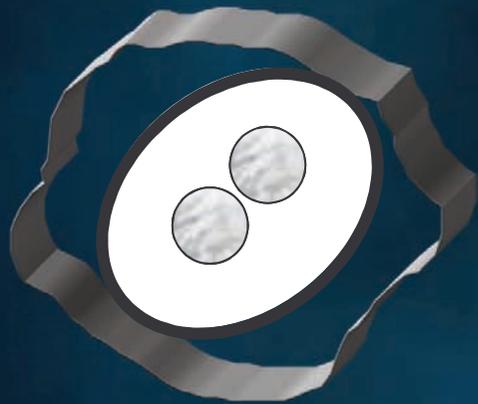
**combined findings**



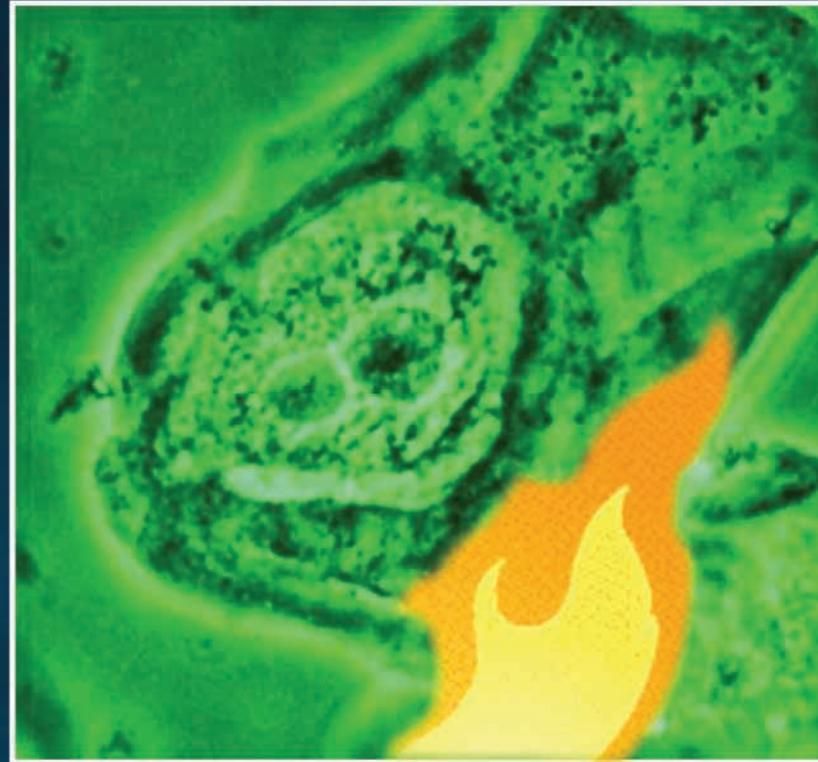
koilocyte  
&  
dark nucleus  
&  
binucleation



dyskaryotic cells

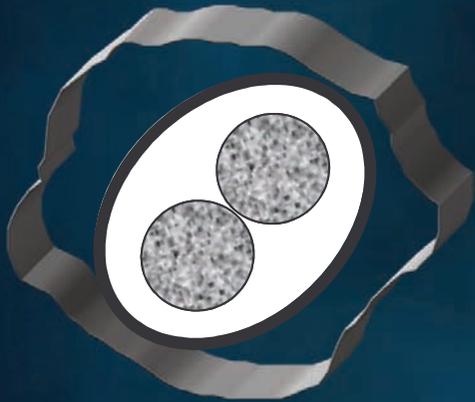


koilocyte  
&  
binucleation

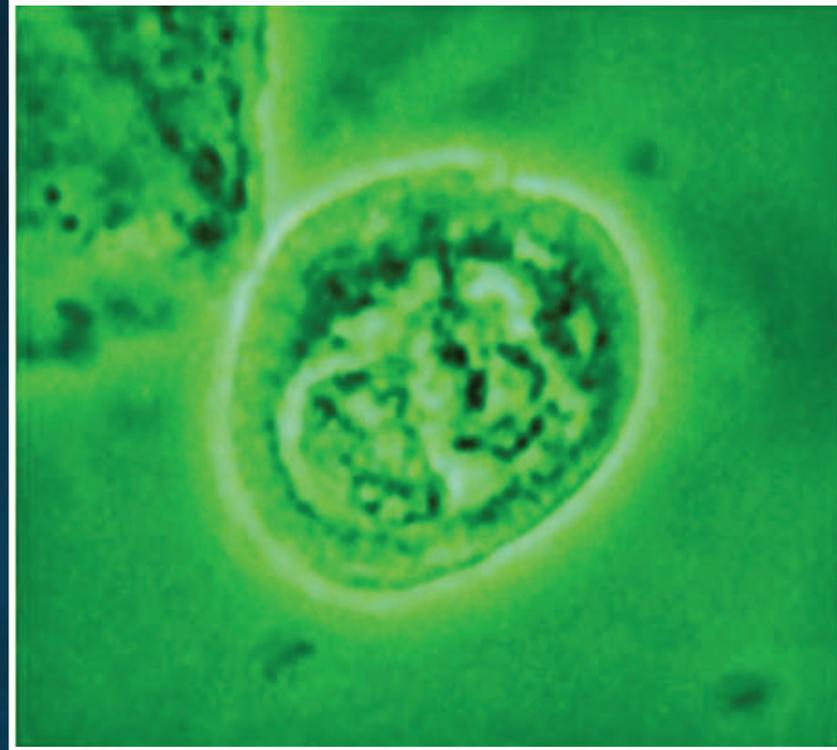


CIN 1/HPV

# dyskaryotic cells

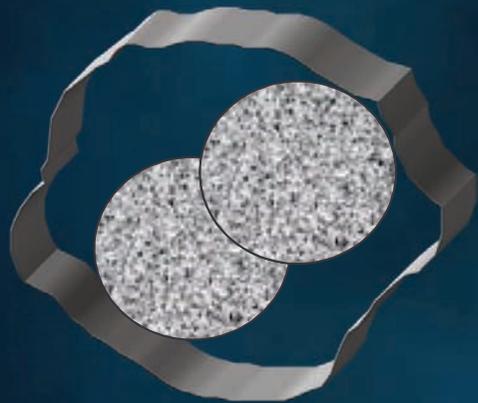


koilocyte  
&  
binucleation  
with altered N/C R

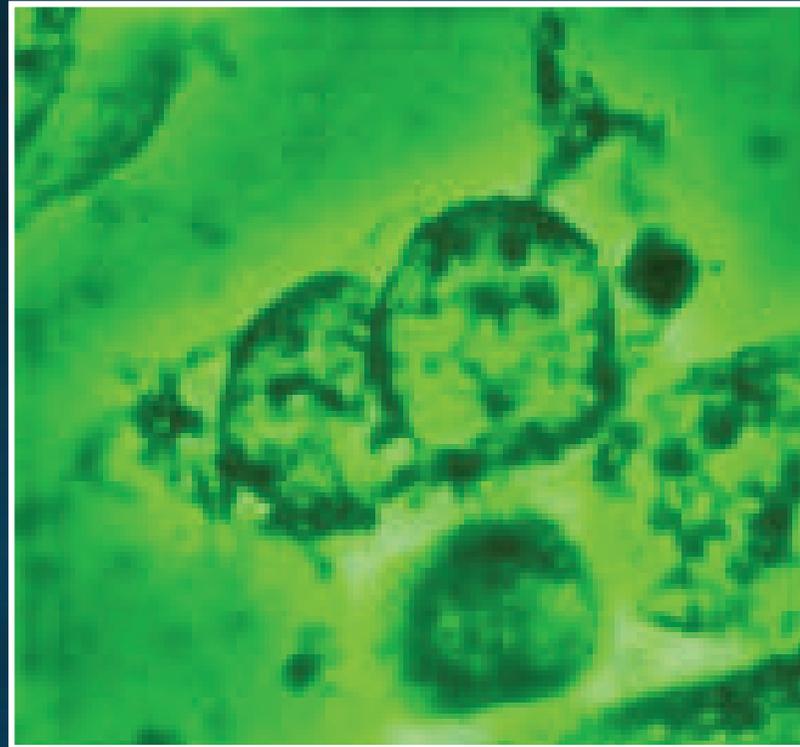


CIN 2

# 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

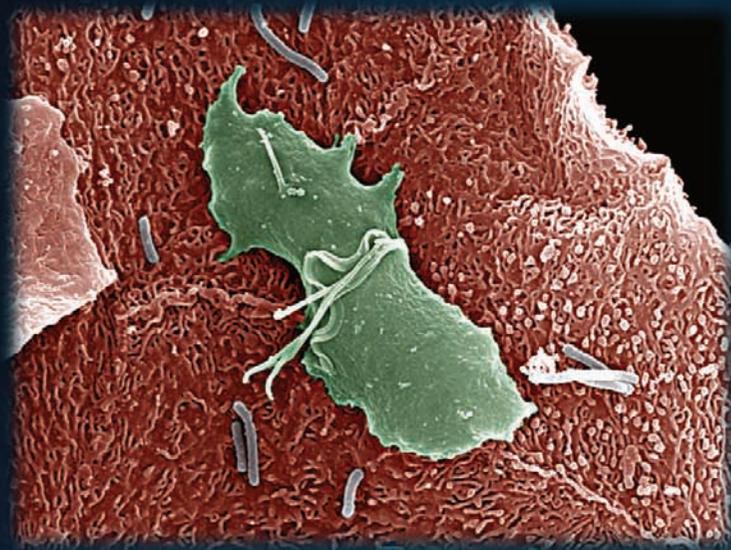


# Bacterial Vaginosis (40%-50%)

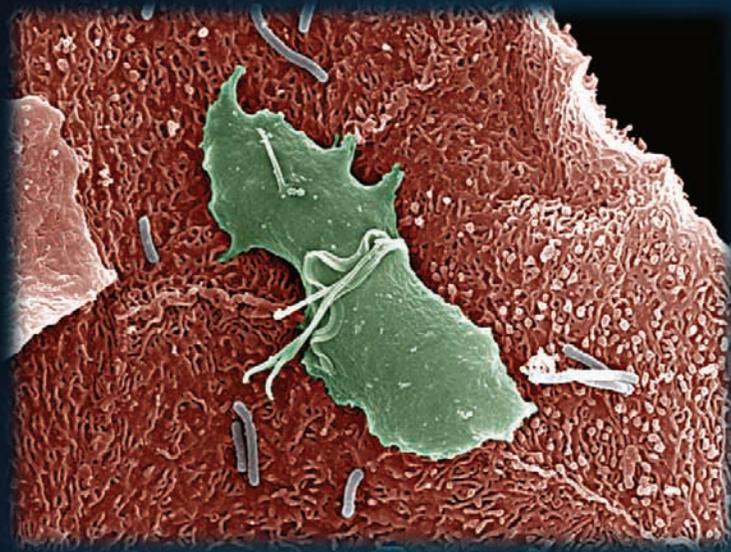


Trichomoniasis  
(15%-20%)

Candidiasis  
(20%-25%)



Trichomoniasis  
is the  
**most common**  
**non-viral** sexually  
transmitted pathogen



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

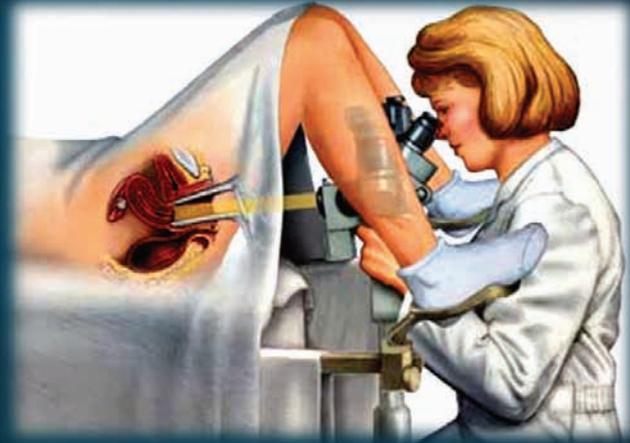
**million people** worldwide  
are annually infected

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

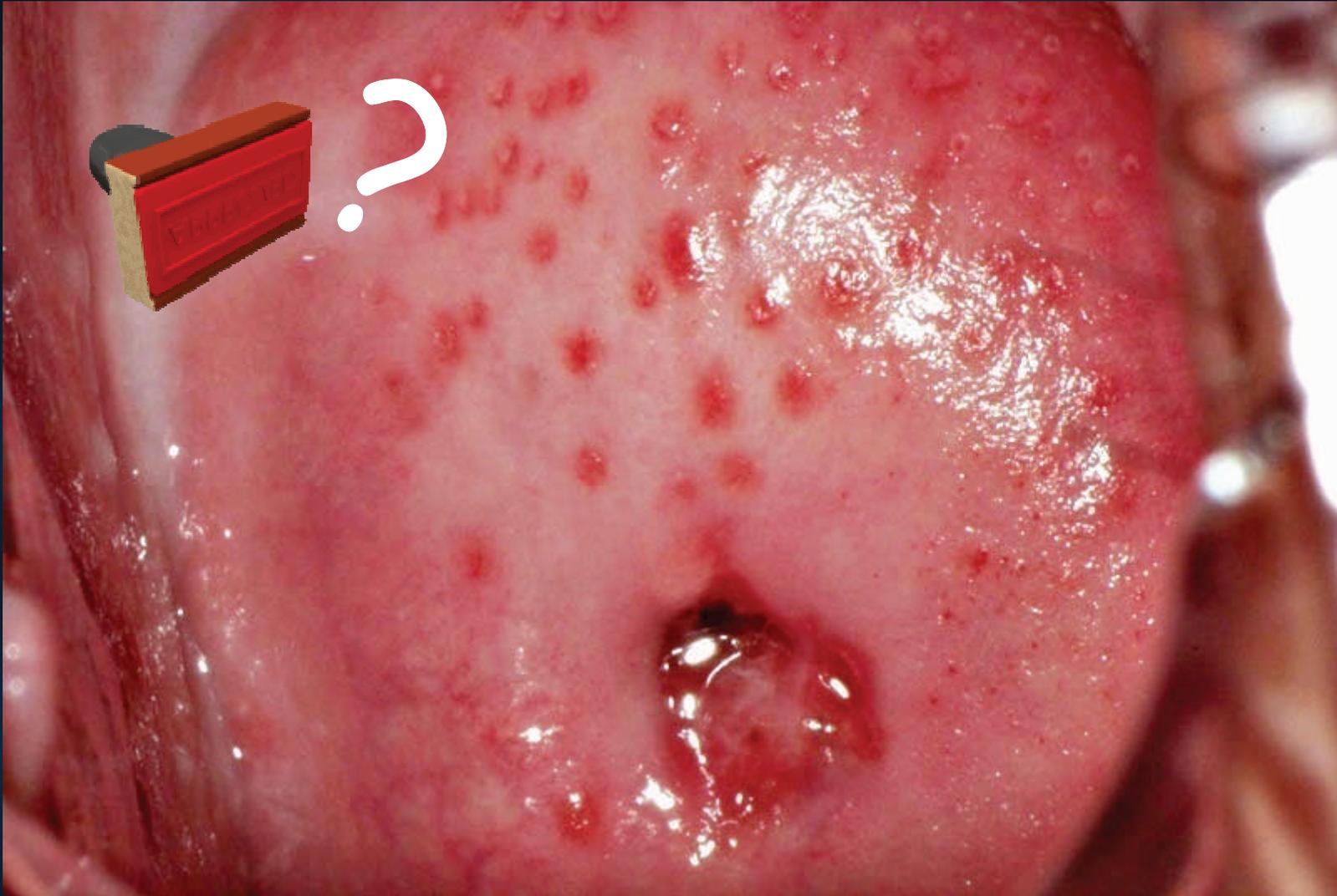
## TRICHOMONAS v.

### colposcopy:

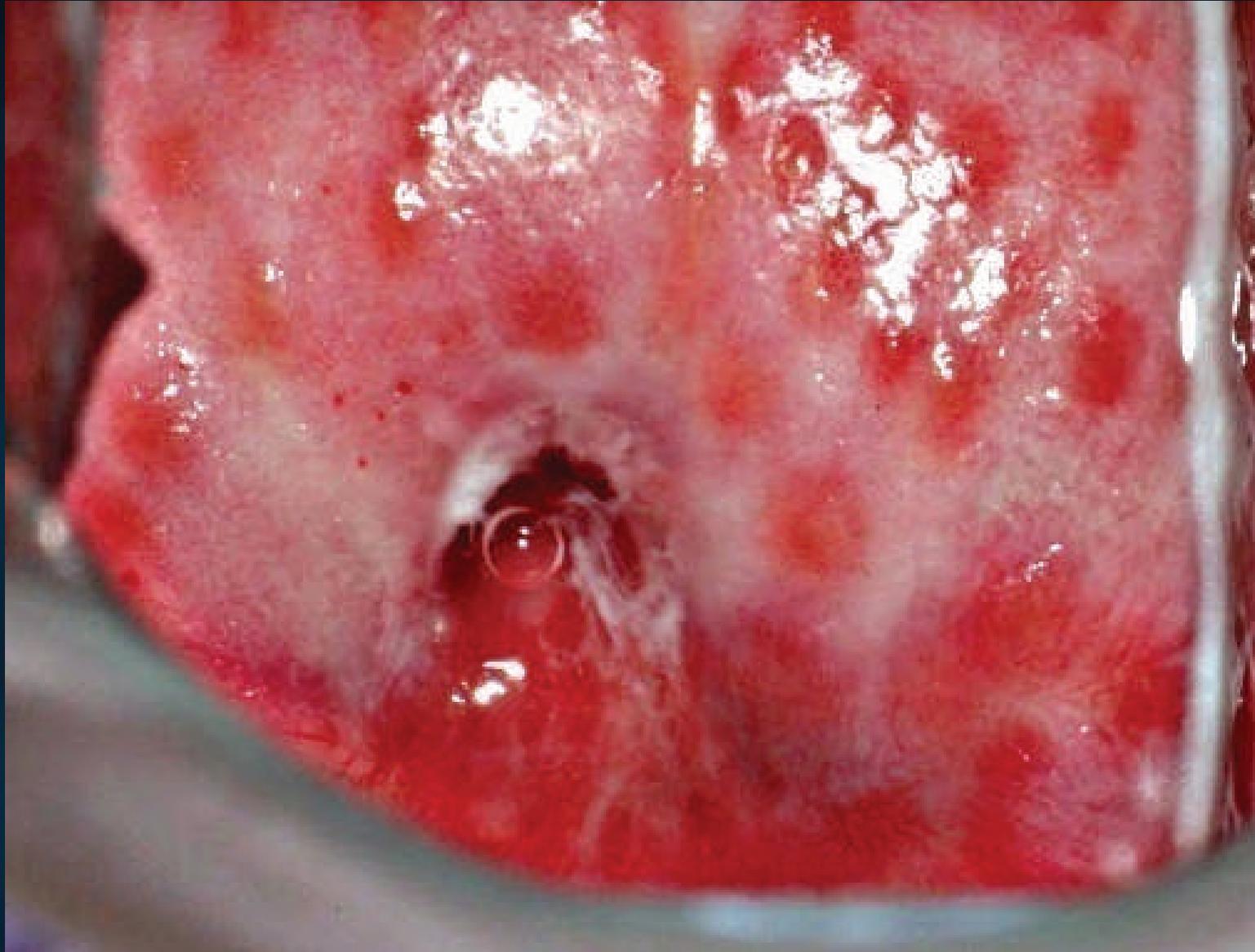
- subepithelial punctate petechiae



**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



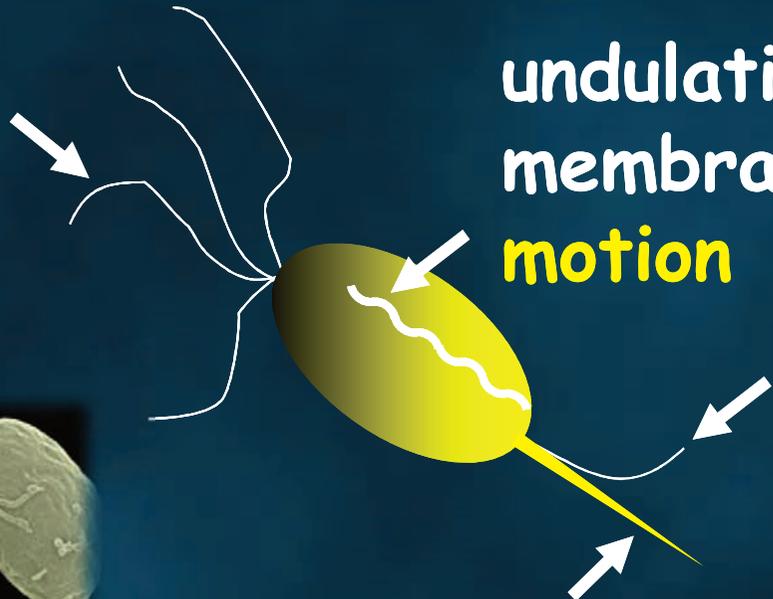
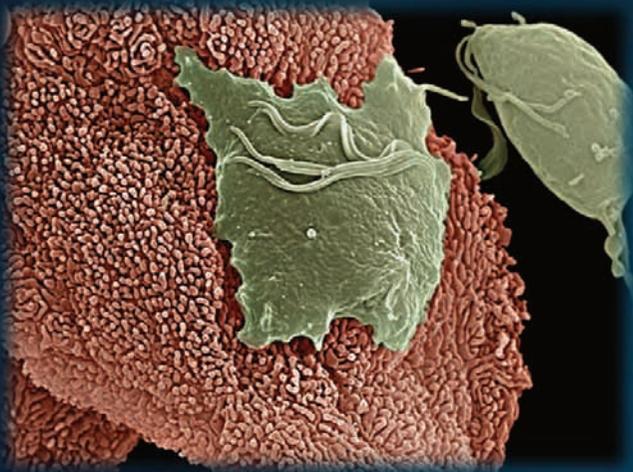
# TRICHOMONAS vaginalis

anterior  
flagella:  
**motion**

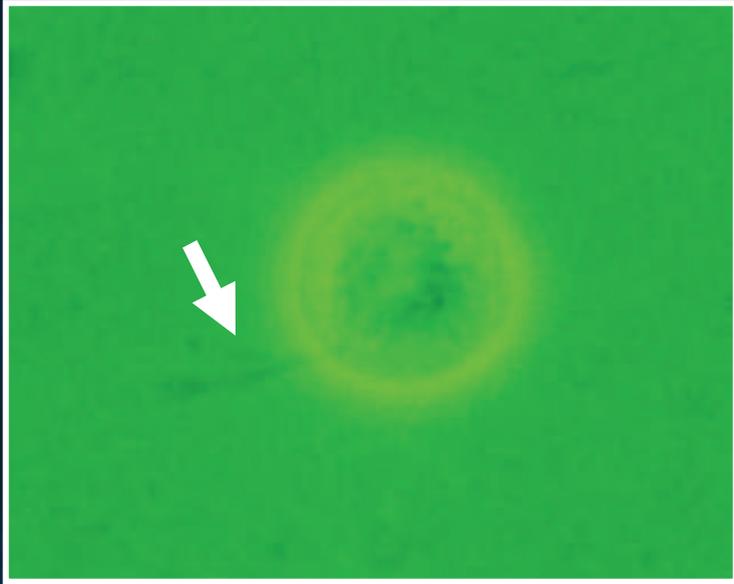
undulating  
membrane:  
**motion**

posterior  
flagellum:  
**?**

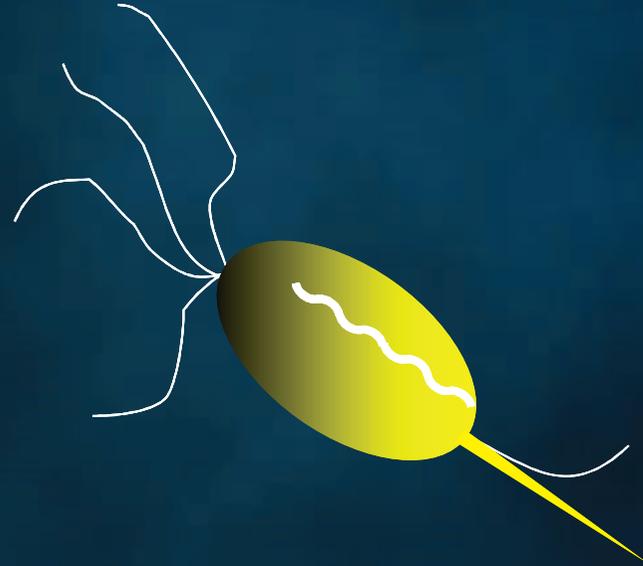
axostyle:  
**cytadherence** and  
**tissue damage**



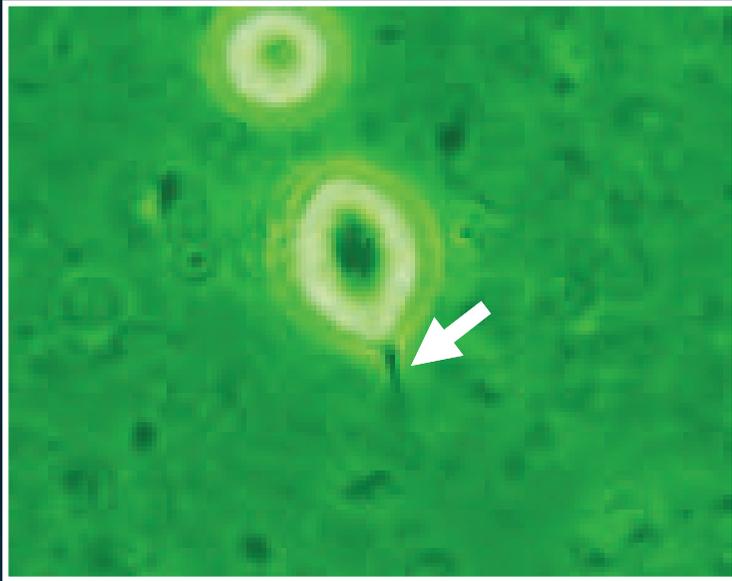
# TRICHOMONAS vaginalis



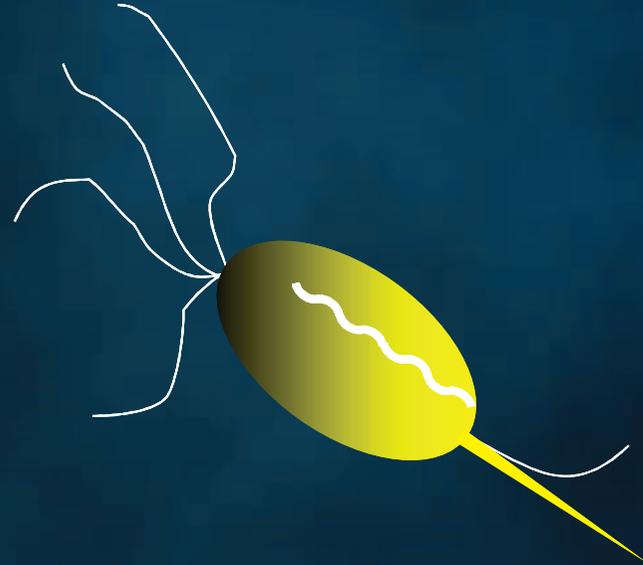
anterior **flagella**



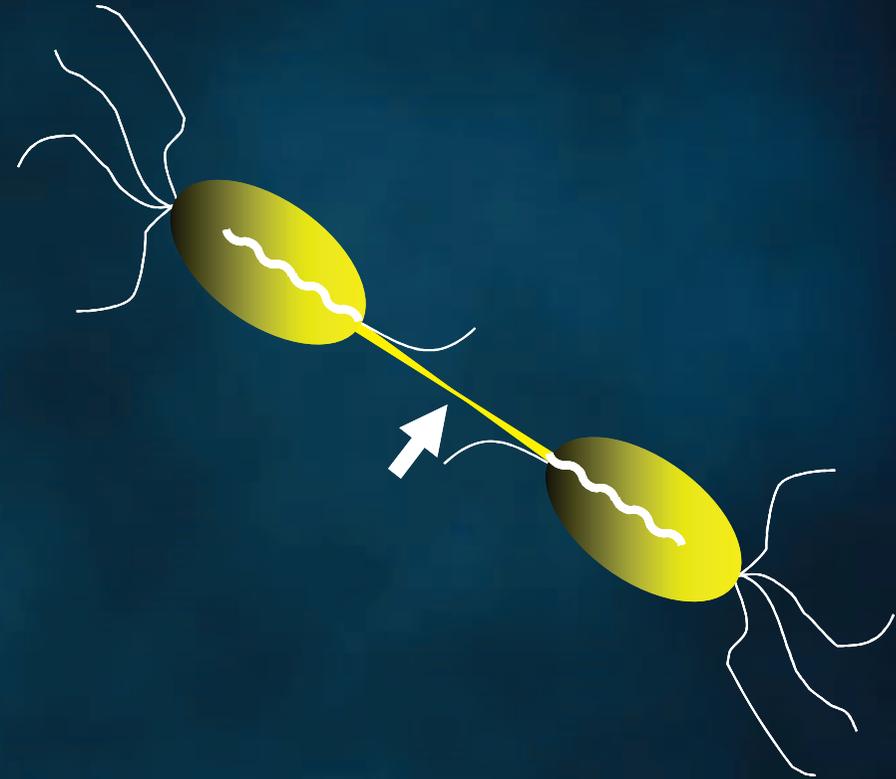
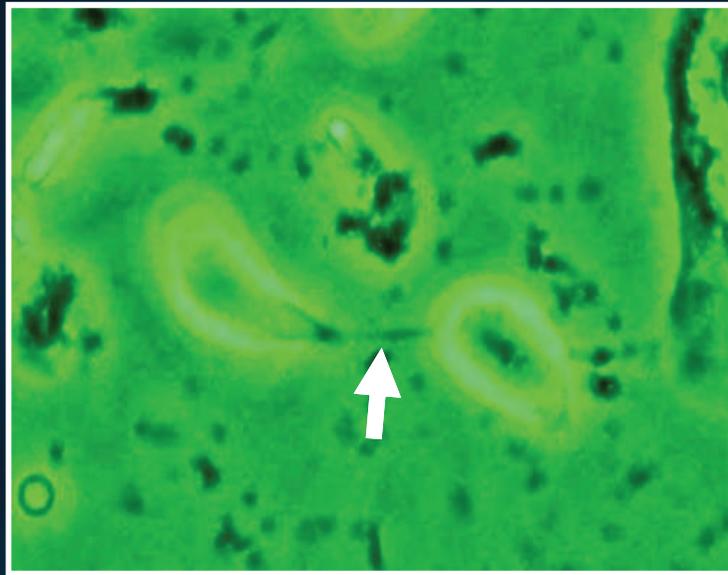
# TRICHOMONAS vaginalis



axostyle

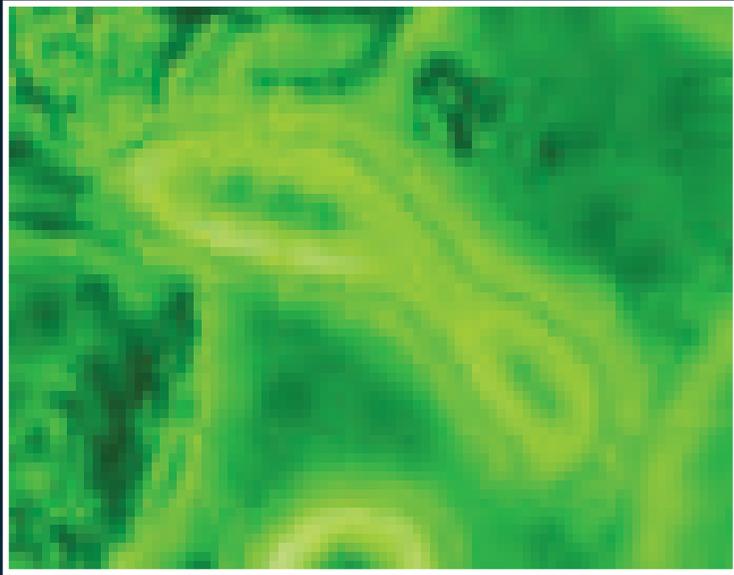


# TRICHOMONAS vaginalis

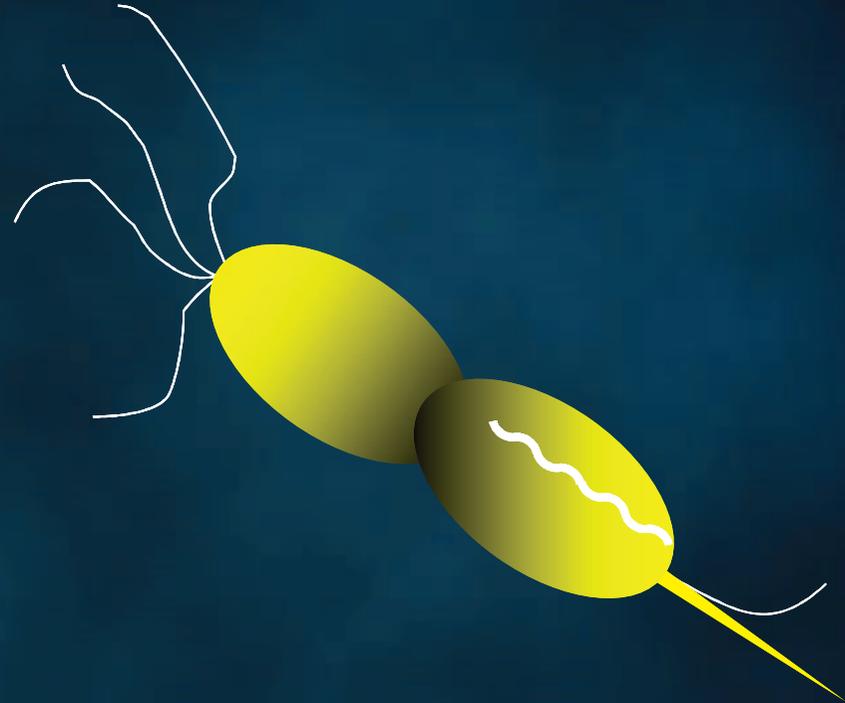


**connecting** axostyles

# TRICHOMONAS vaginalis

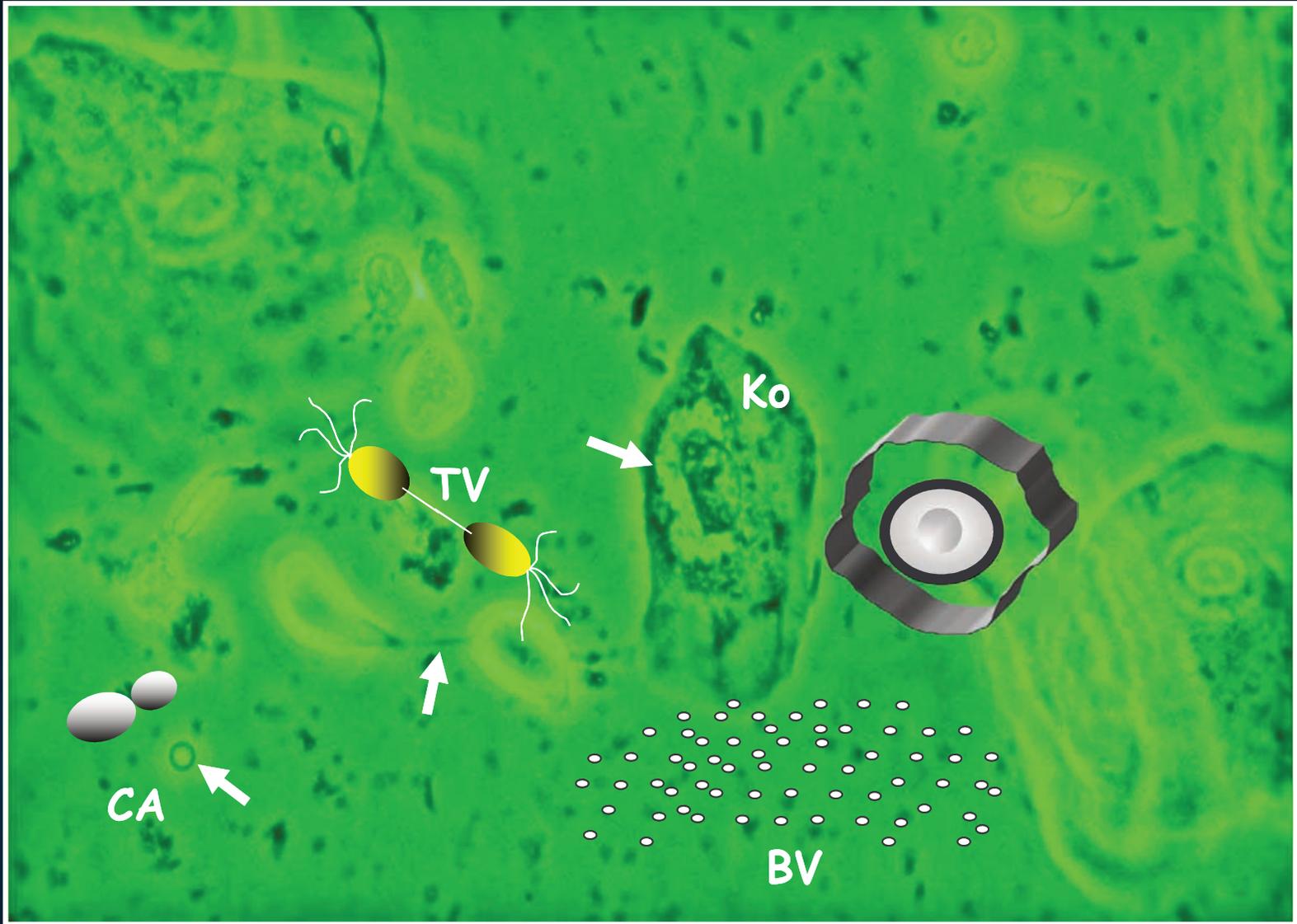


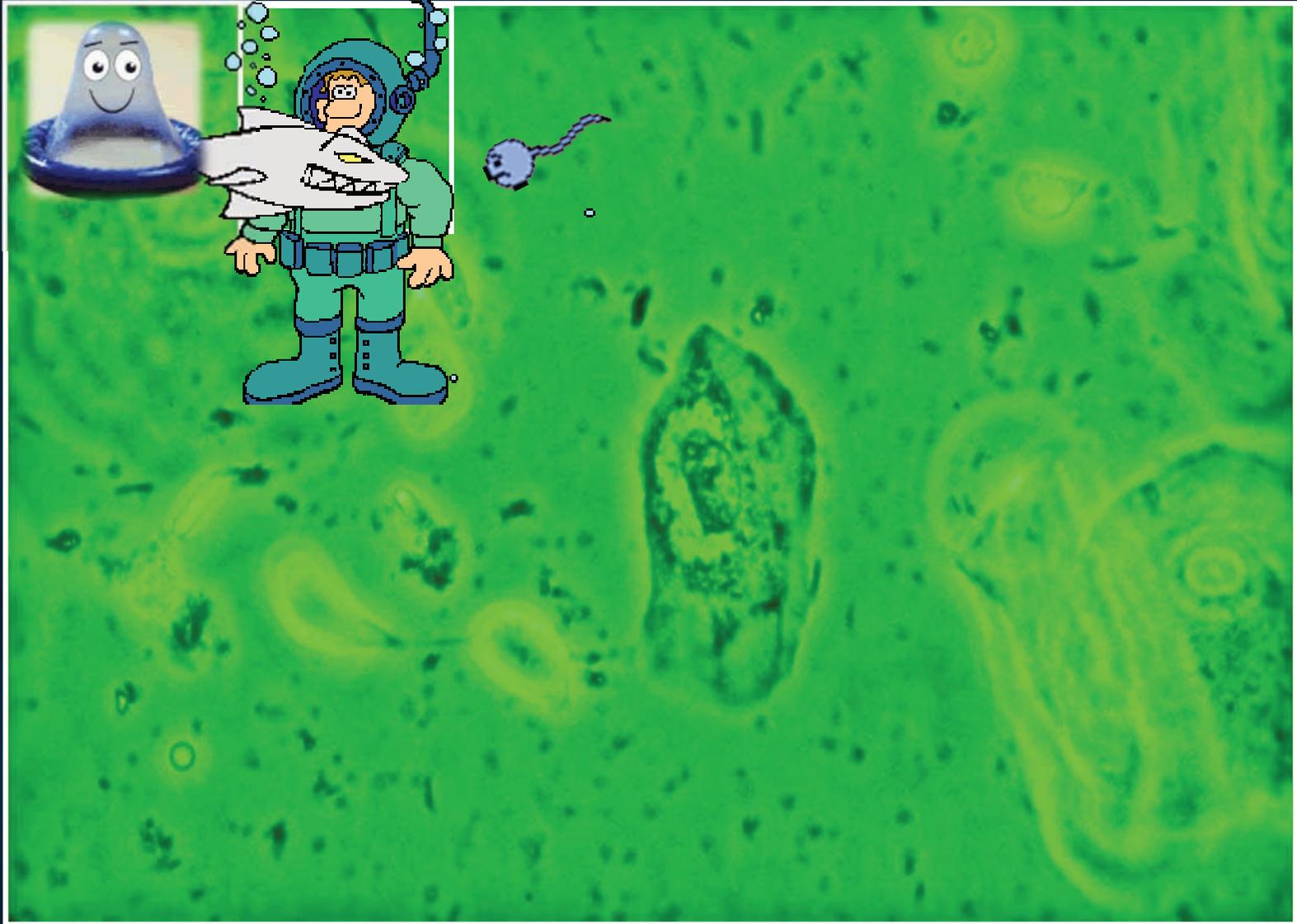
duplication





**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<sup>1,2</sup>  
Gail A. Bolan, MD<sup>1</sup>

<sup>1</sup>*Division of STD Prevention*

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

<sup>2</sup>*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

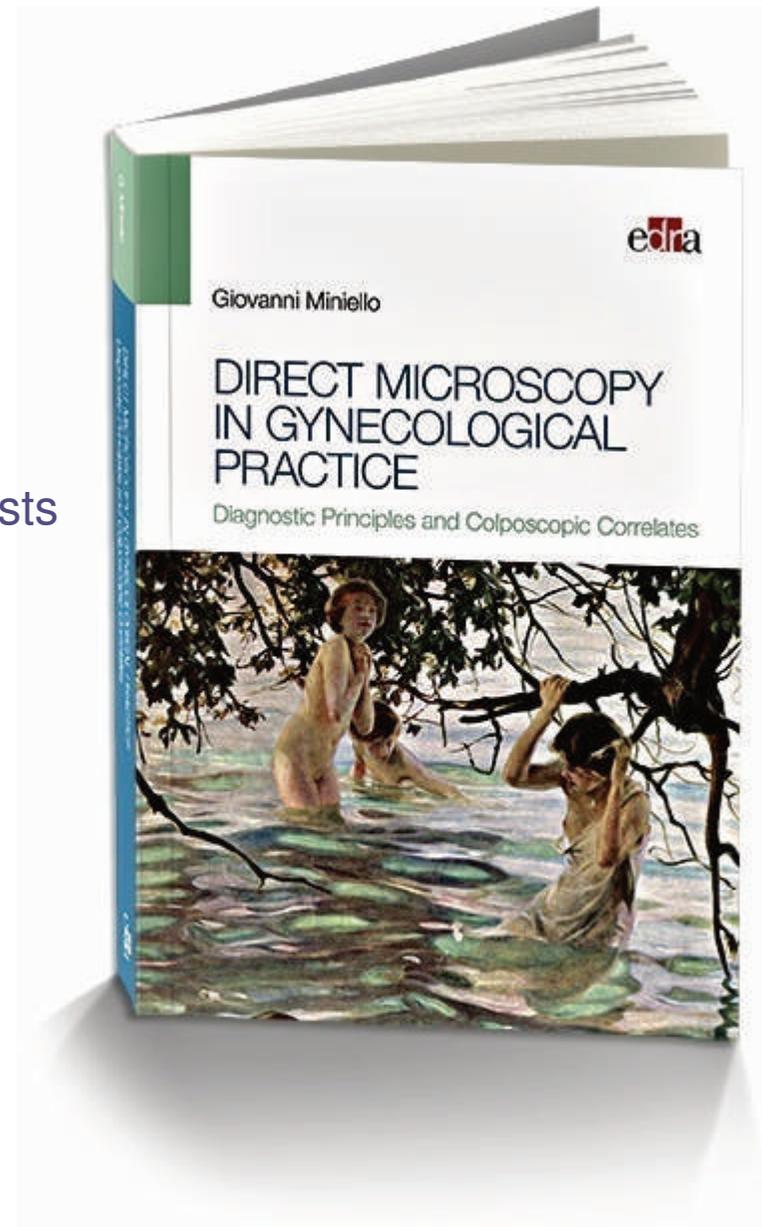
**Usha Saraiya**

Founder Member and President Indian Academy of Cytologists

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

**Sabaratnam Arulkumaran**

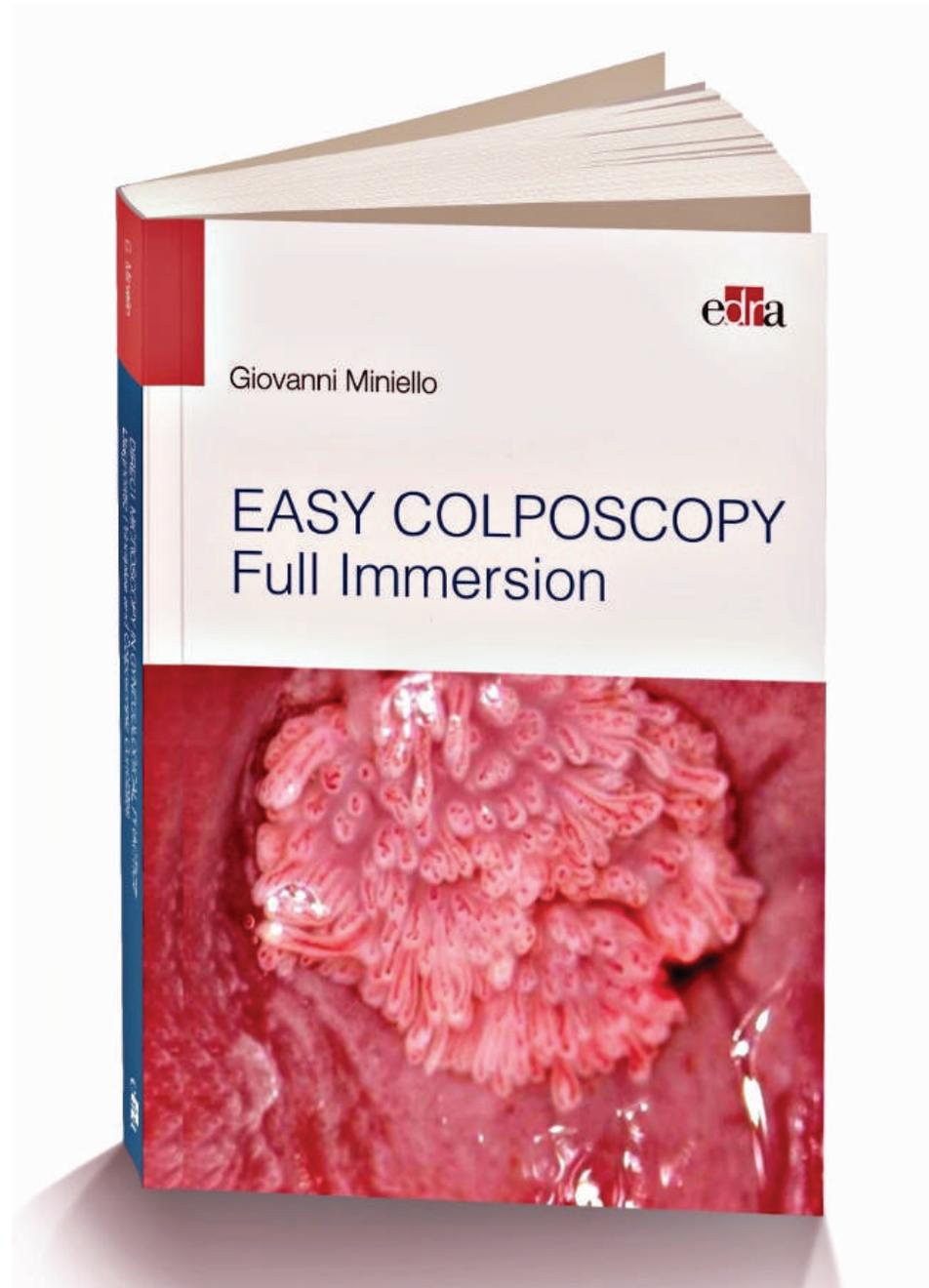
Past President FIGO

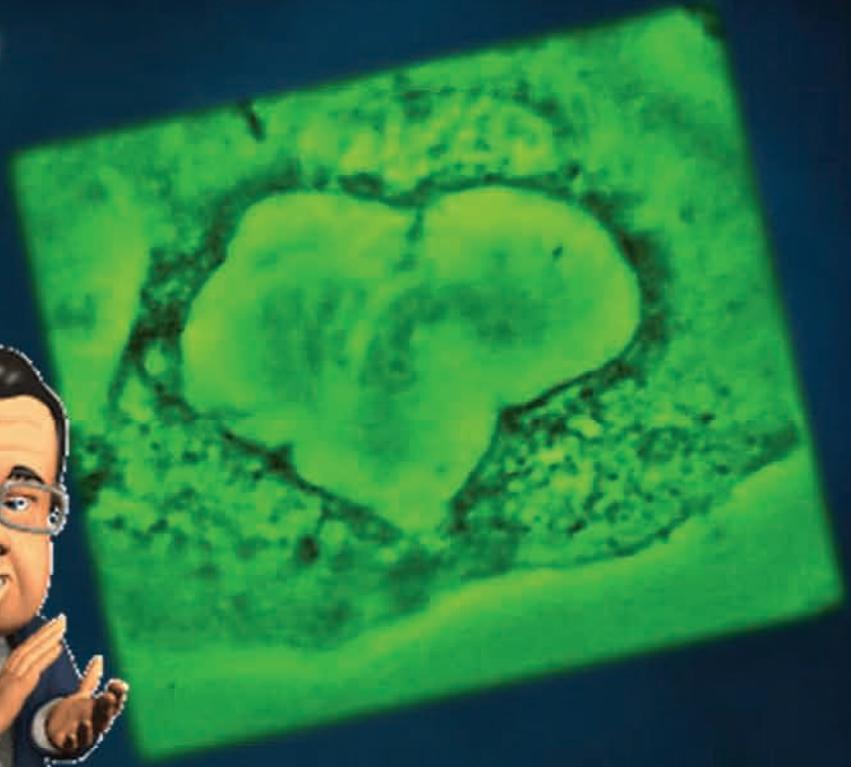


I had not seen  
such high  
standard  
of colposcopy  
photographs

**Albert Singer**

Whittington Hospital,  
London





**GOOD JOB**