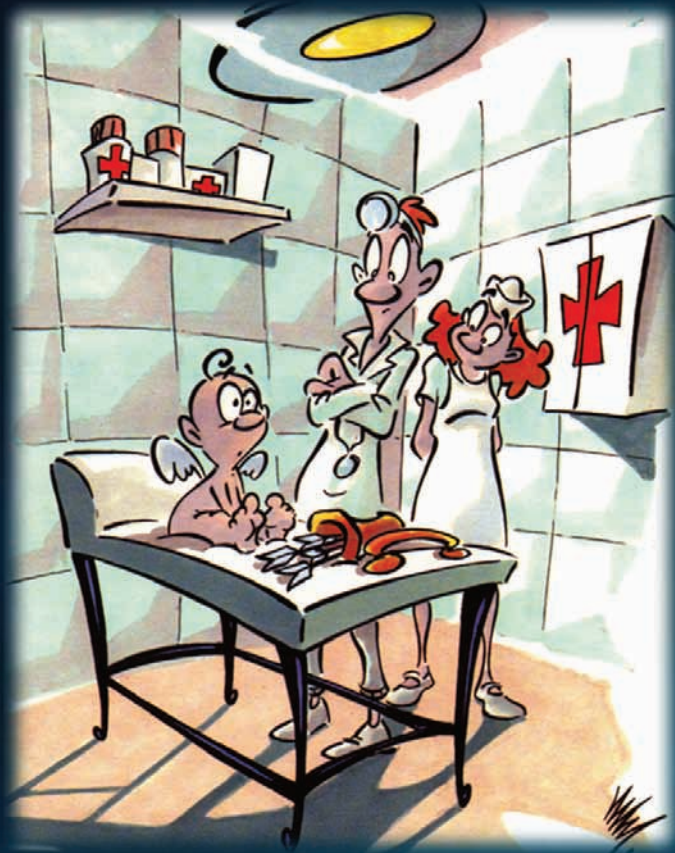


# Direct Microscopy in Cervico- Vaginal **Infections**



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:

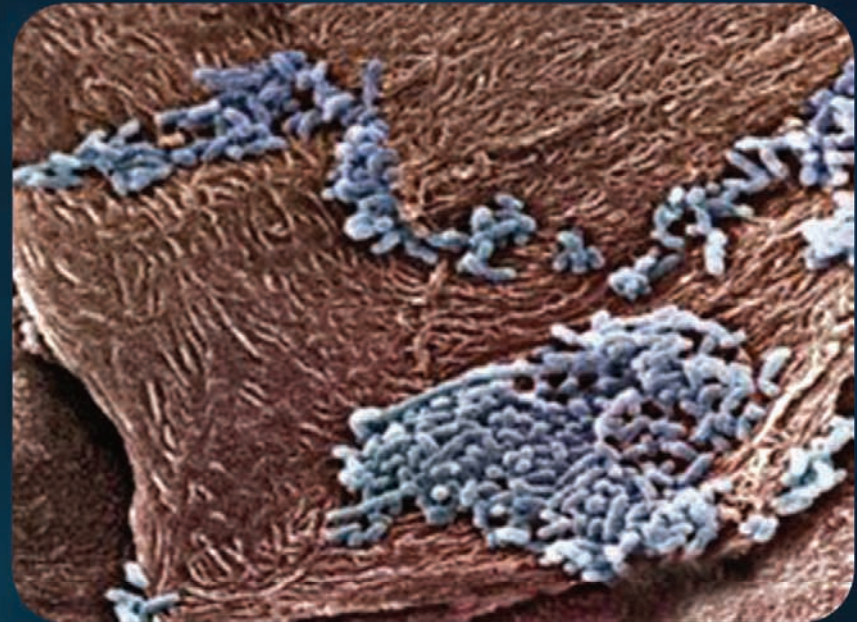
- ✓ **hormone** status
- ✓ stages of **metaplastic** process
- ✓ cervico-vaginal **microbiology**
- ✓ **cell changes** induced by pathogens
- ✓ cell-mediated **immunity**
- ✓ presence of **atypical** cells



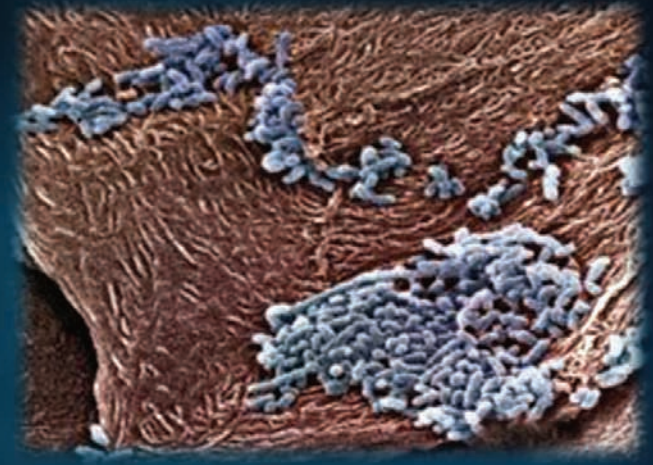
## WET MOUNTS

- ✓ 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*

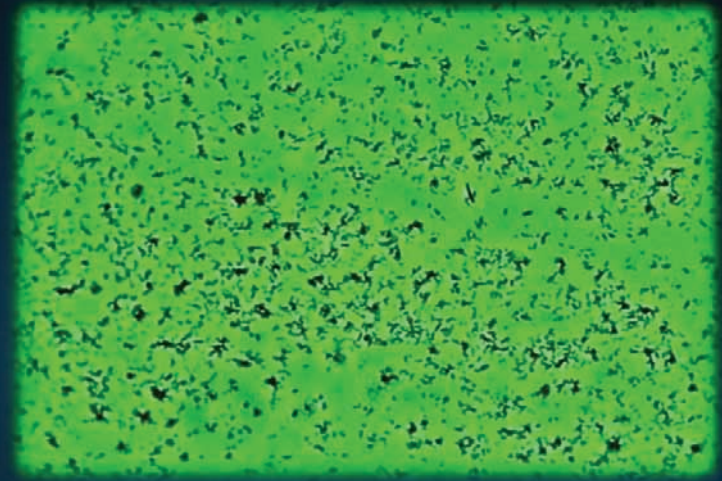
are associated

with overgrowth

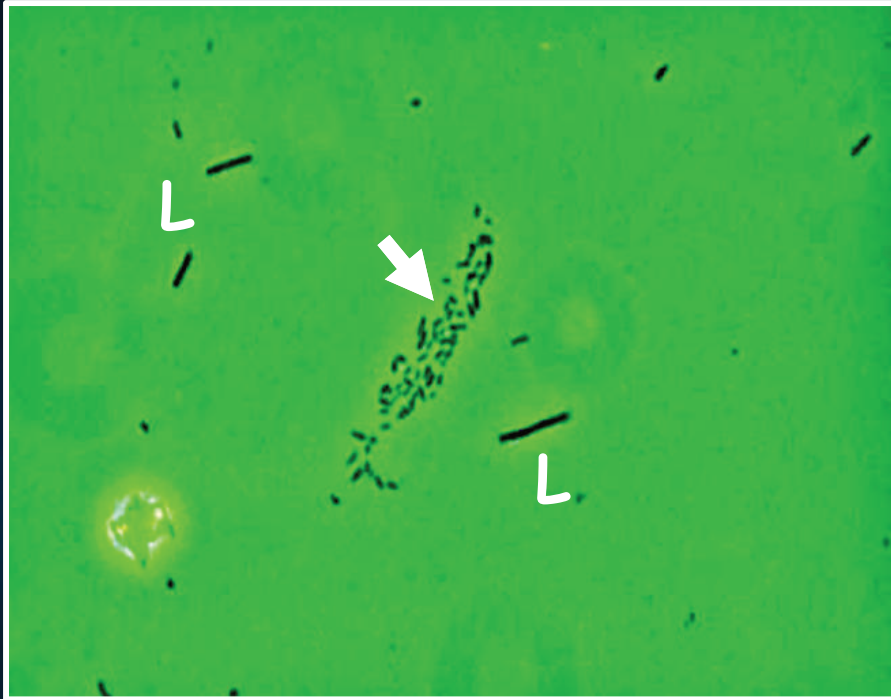
of *anaerobes*, particularly

*Gardnerella*, *Prevotella* and

*Peptostreptococcus* species



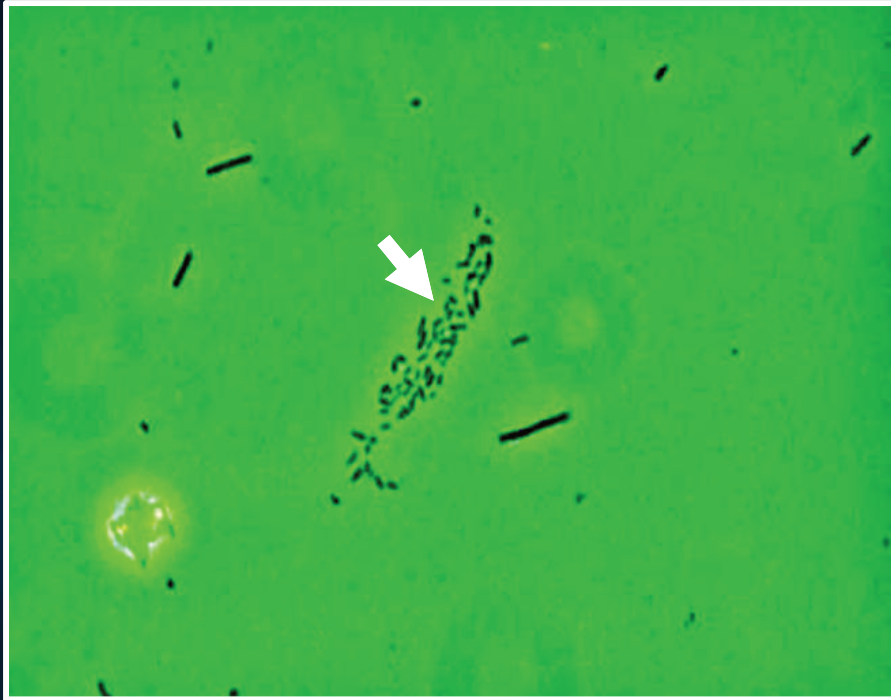
Lactobacilli are replaced  
by other anaerobic  
organisms, normally  
found in small amounts  
in the vagina



cluster of  
pleomorphic bacteria

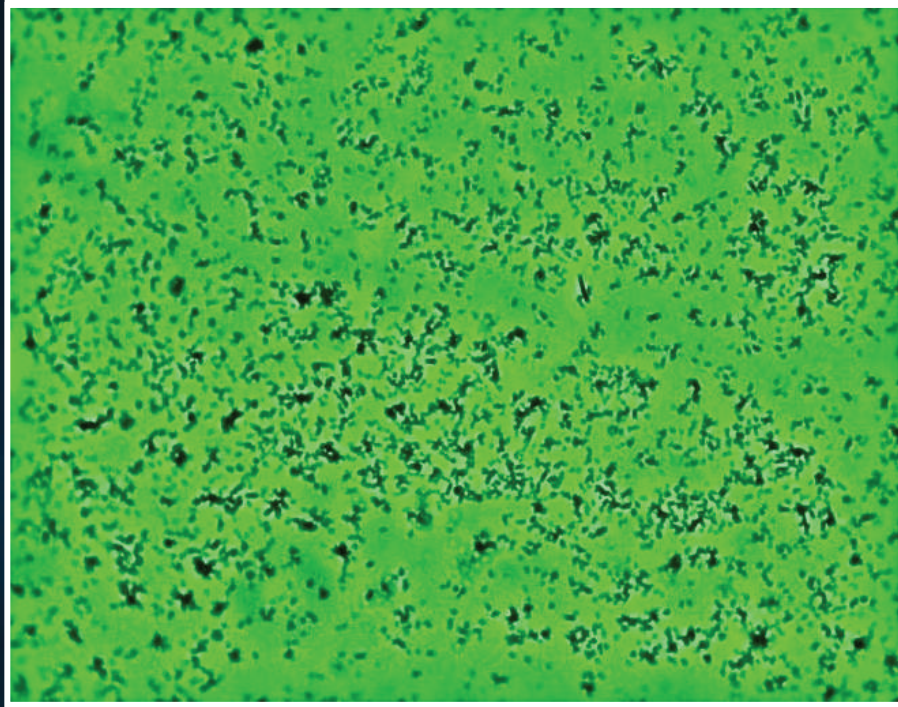






cluster of  
pleomorphic bacteria





free floating  
pleomorphic bacteria

positive culture

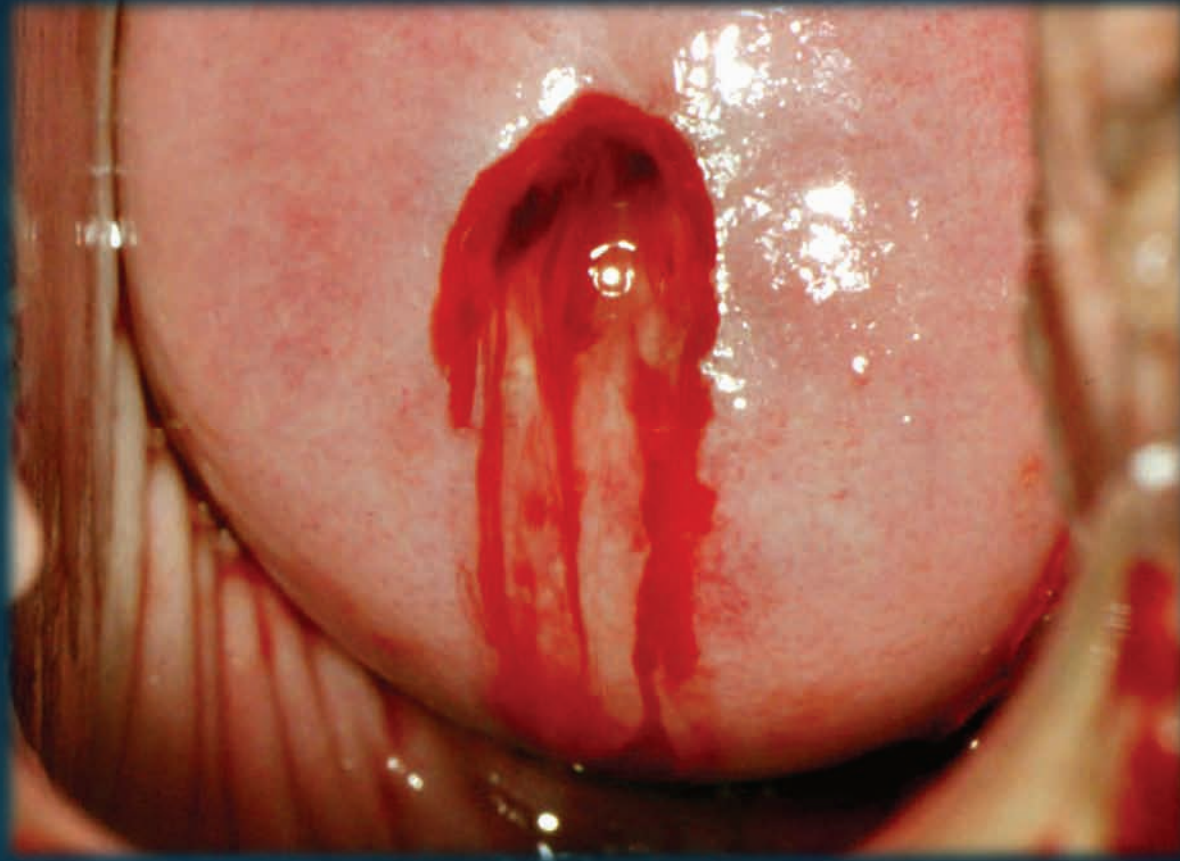
Dominant  
lactobacilli  
disappear  
and anaerobic  
bacteria  
multiply  
1,000-fold

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

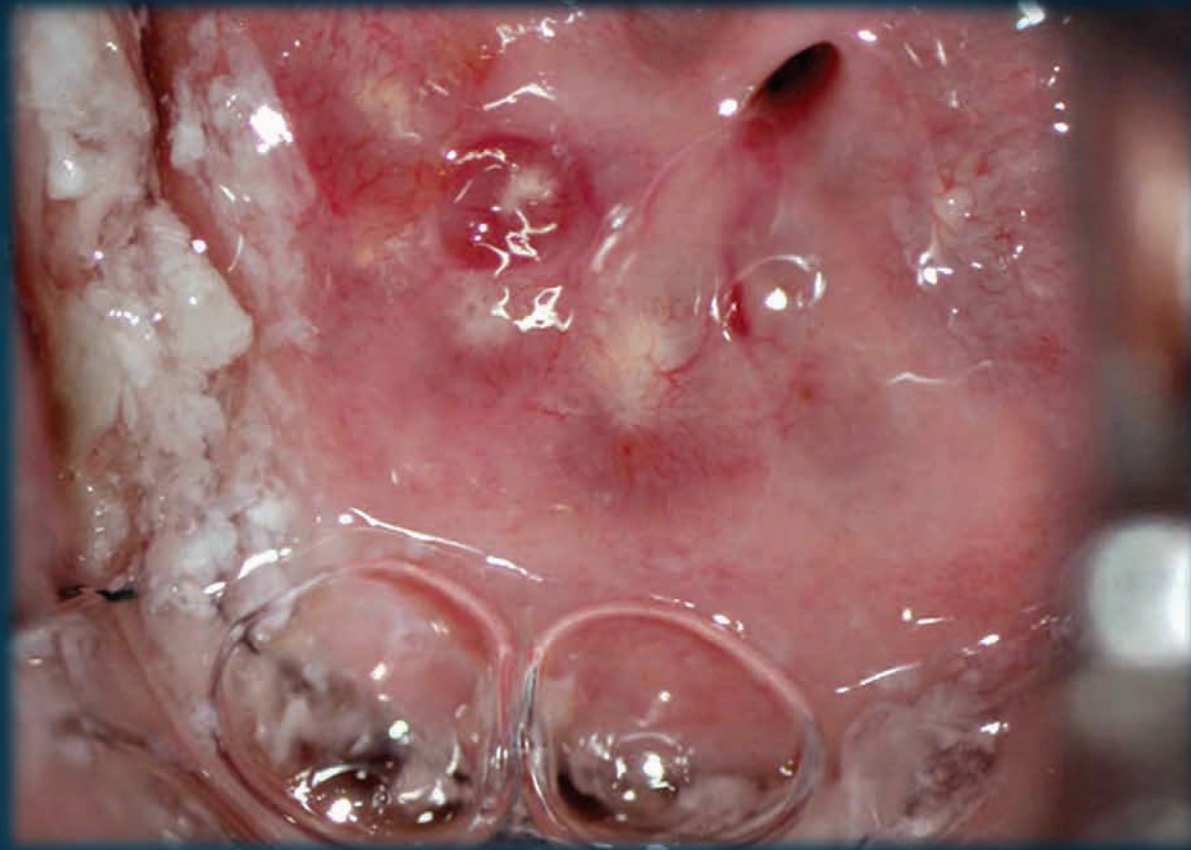
Different  
conditions  
may modify  
vaginal pH







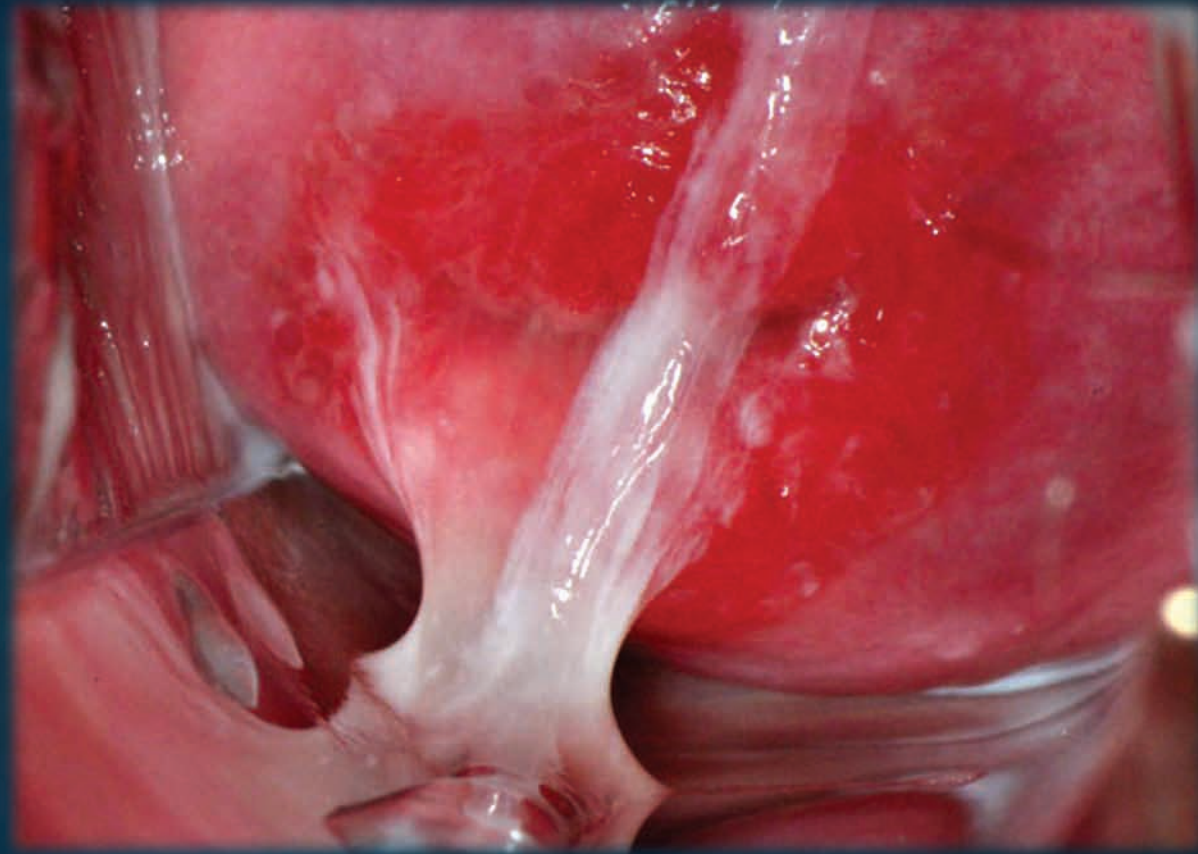
menstruation



abundant alkaline mucus  
for **hormonal** imbalance

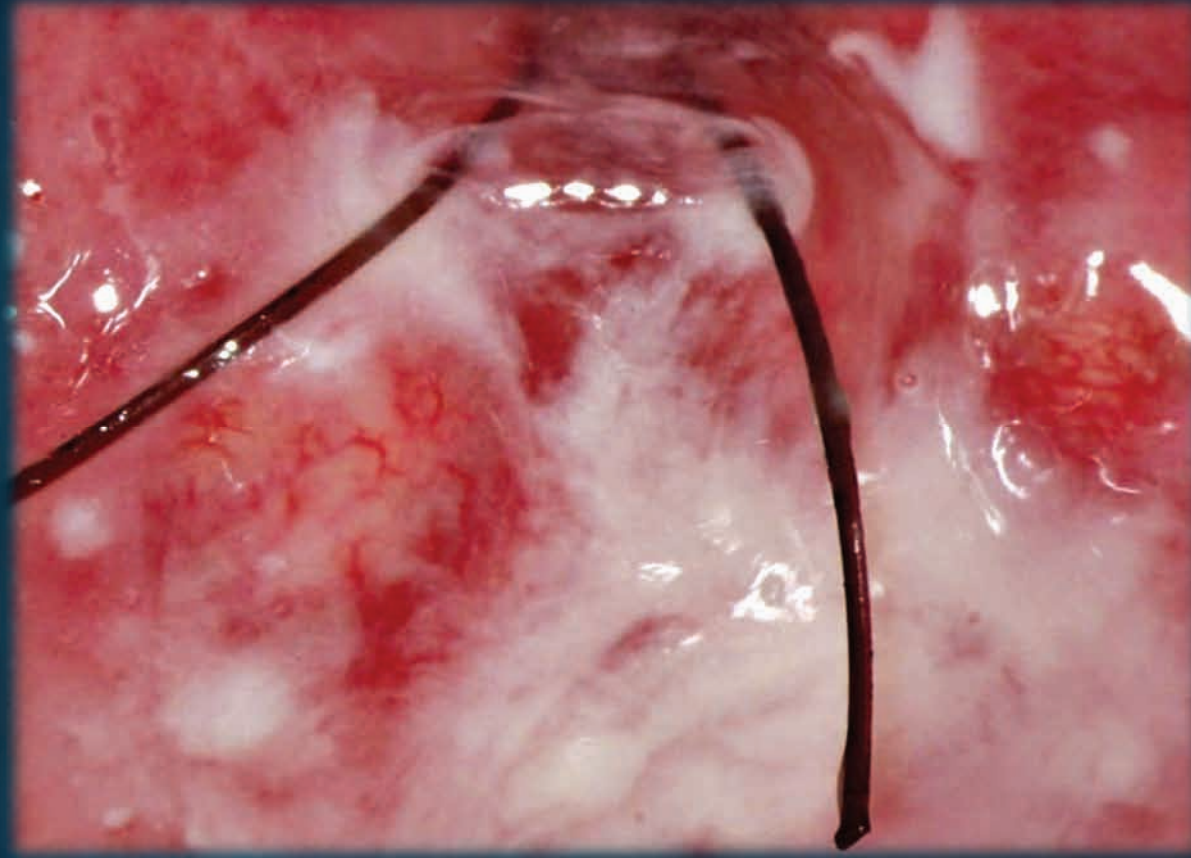


pH

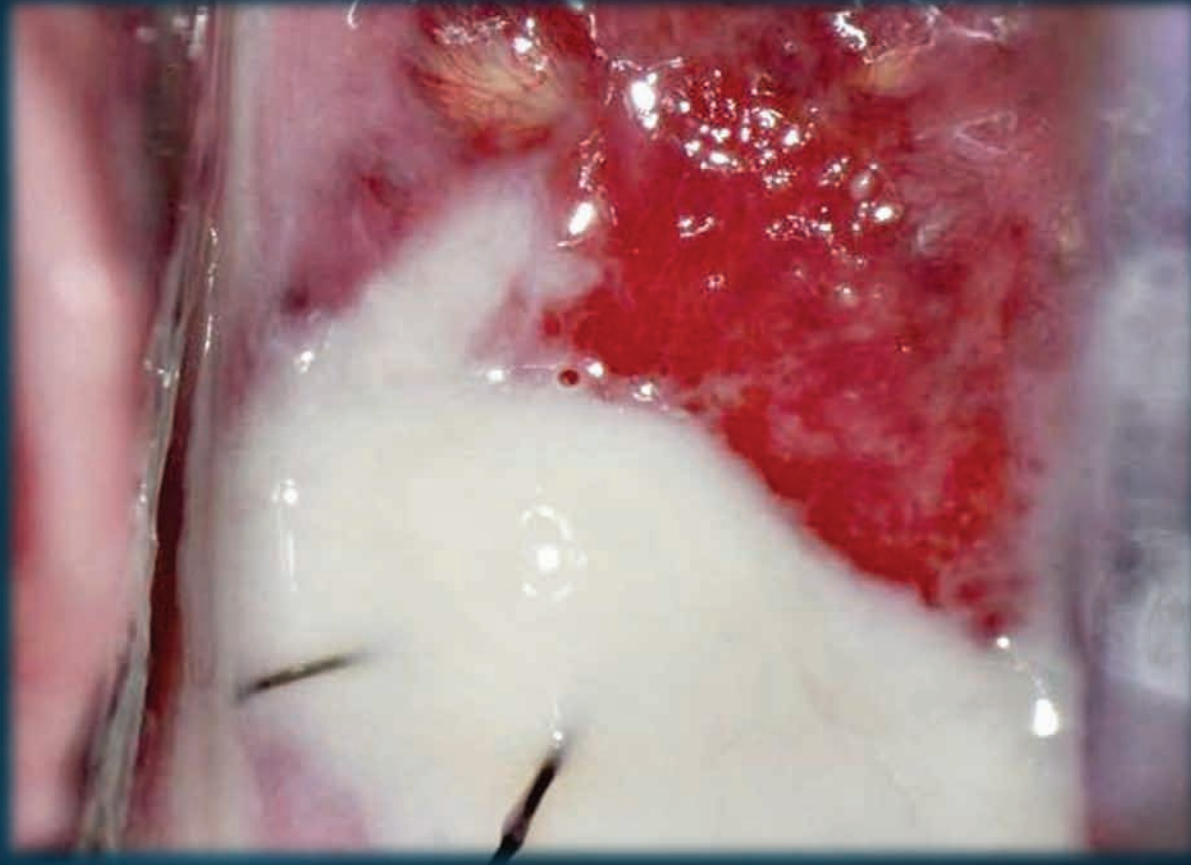


alkaline mucus from columnar  
**exposed** epithelium





reactive alkaline mucus  
from IUD



exposed epithelium  
and IUD



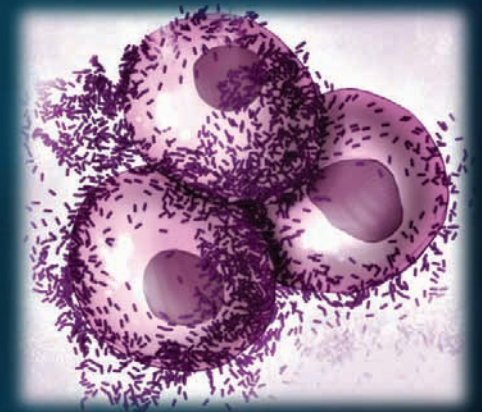


sperm  
(pH: 7.8-8.2)

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



**Non**-pathogenic

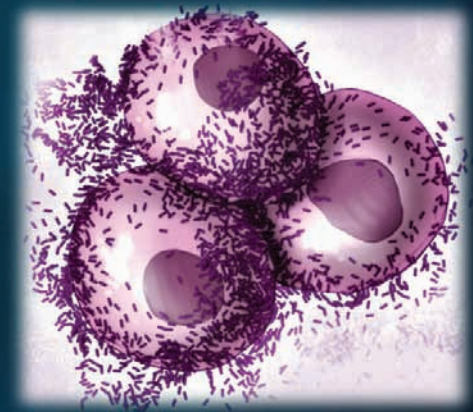


**Pathogenic**

Differences were  
described in some  
genes and virulence  
factors such as  
**adhesion**, **cytotoxicity**  
and **biofilm**-forming  
capability



Non-pathogenic



pathogenic



The aggregate

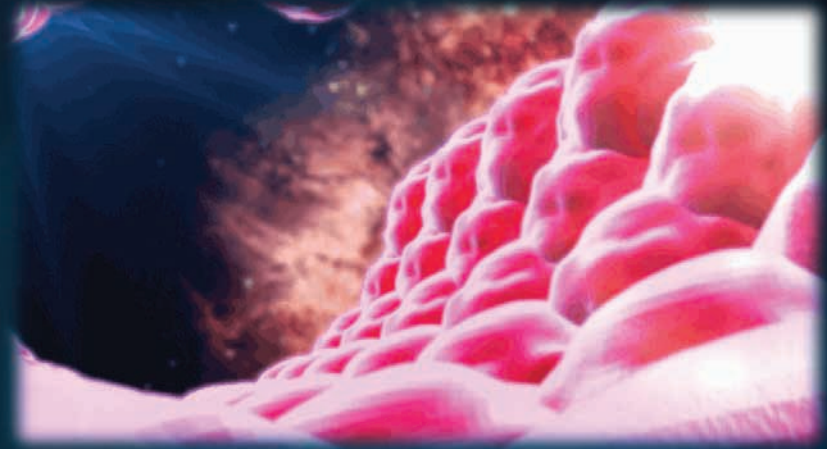
microbiome

is not a simple

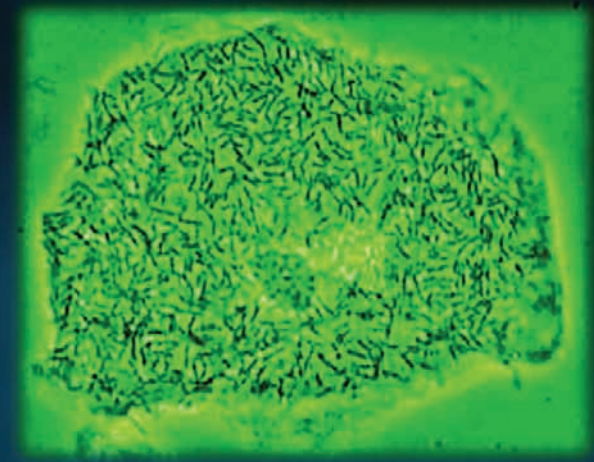
accumulation of free-floating

bacteria on the surface

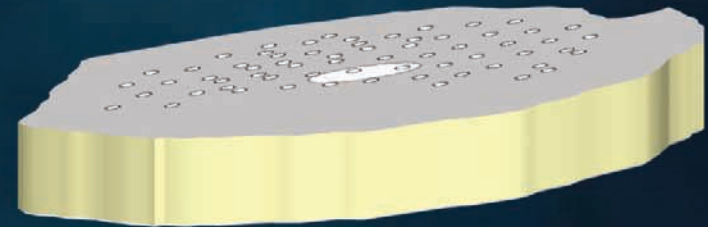
of a human tissue



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

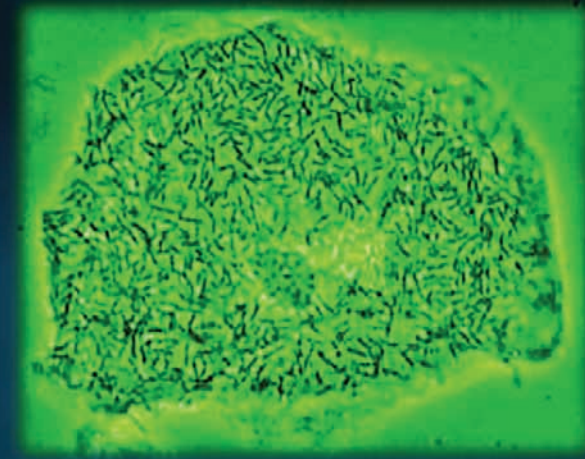


bacilli

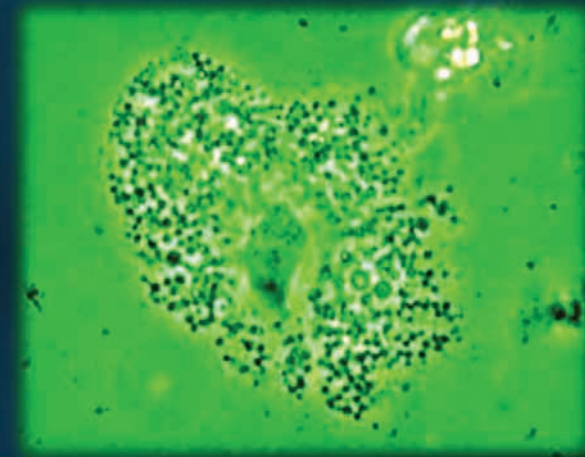




At times, these  
**biofilms** may  
inhibit **immune**  
detection and  
reduce the  
effectiveness  
of antimicrobial  
**treatment**



bacilli

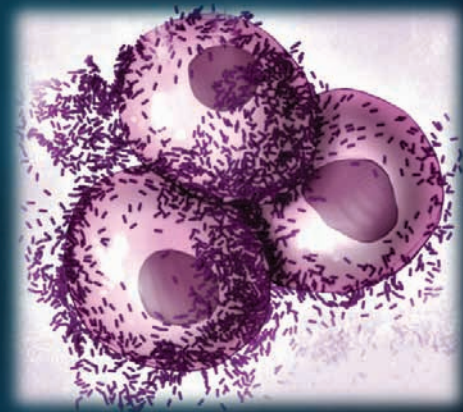


cocci

Not detectable  
by cultures



adhesion, and biofilm-  
forming capacity

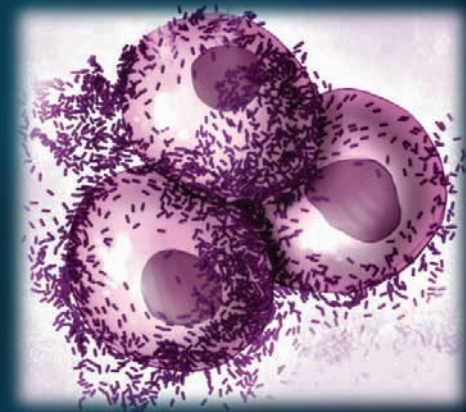


pathogenic

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

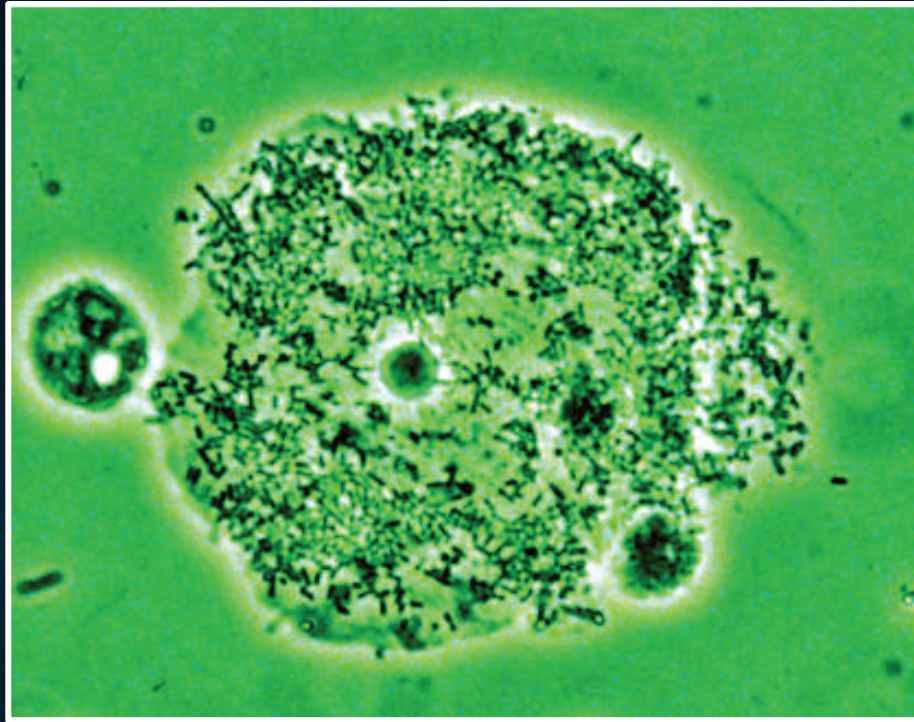


**adhesion**, and **biofilm-**  
**forming capacity**

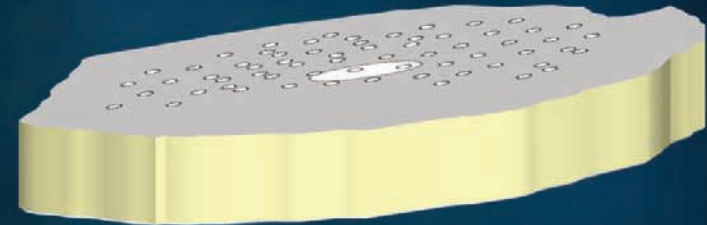


**pathogenic**





adhered  
pleomorphic bacteria:  
**clue** cell

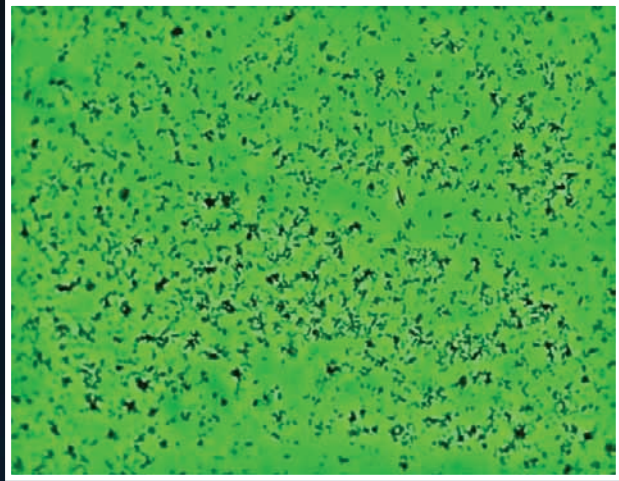


**Pathogenic**  
species

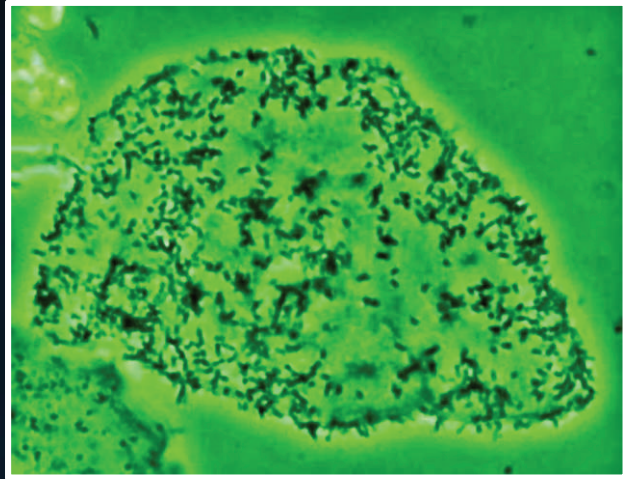
# Laboratory







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**

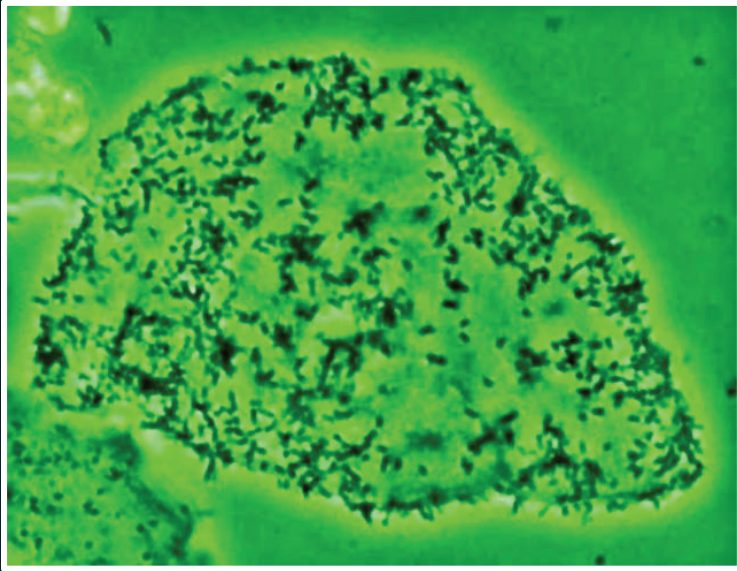


The **microscope** is  
the most valuable  
diagnostic aid, the  
**clue cell** being a  
high characteristic  
feature (specificity **98%**)

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



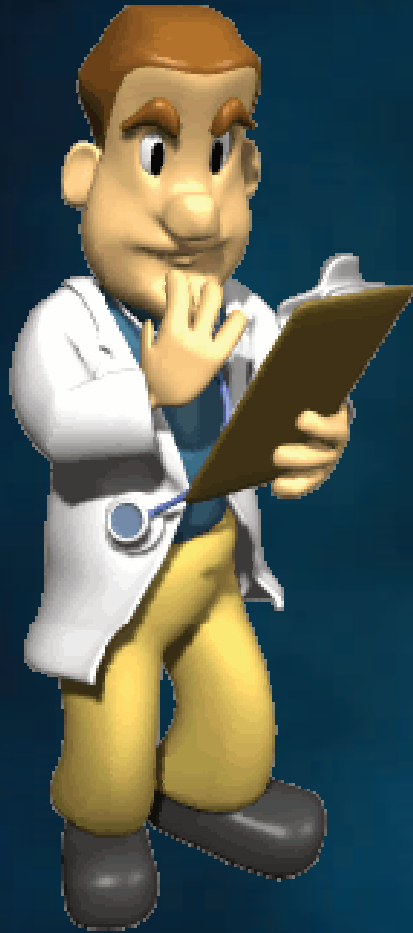




Bacterial  
Vaginosis  
is often

sub-clinical





How can we  
diagnose

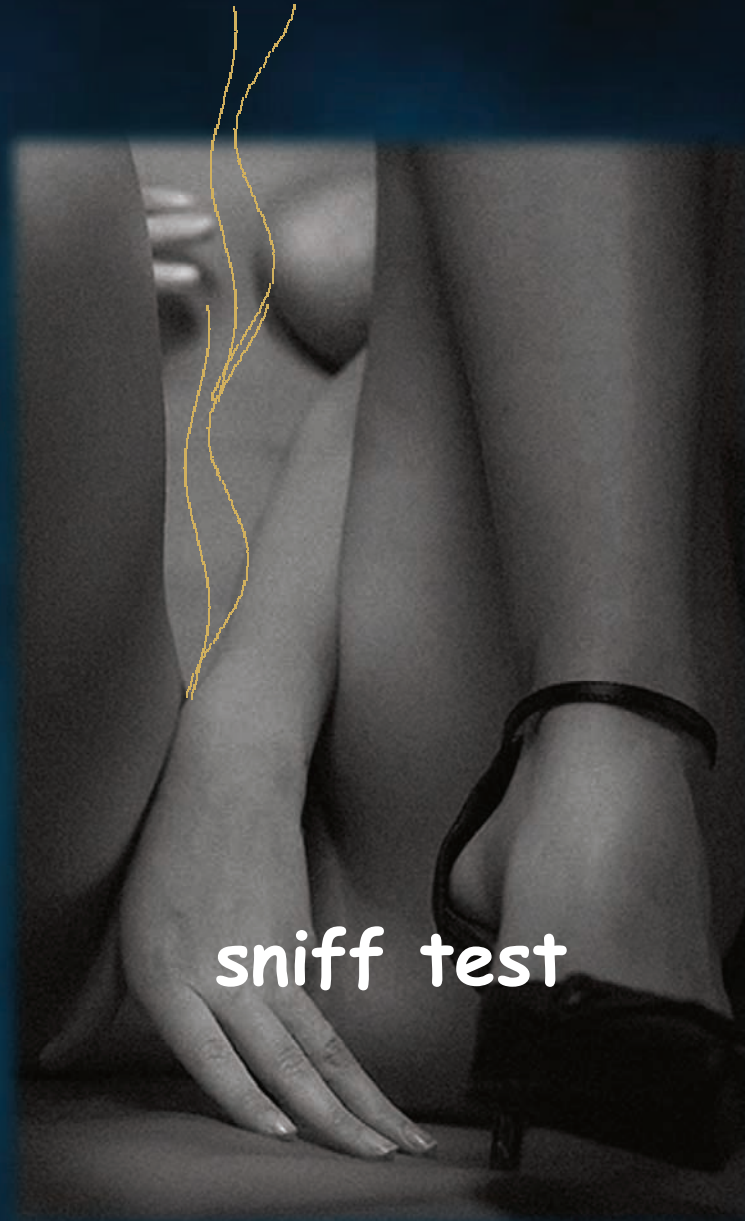
Bacterial  
Vaginosis?

## DIAGNOSTIC CRITERIA

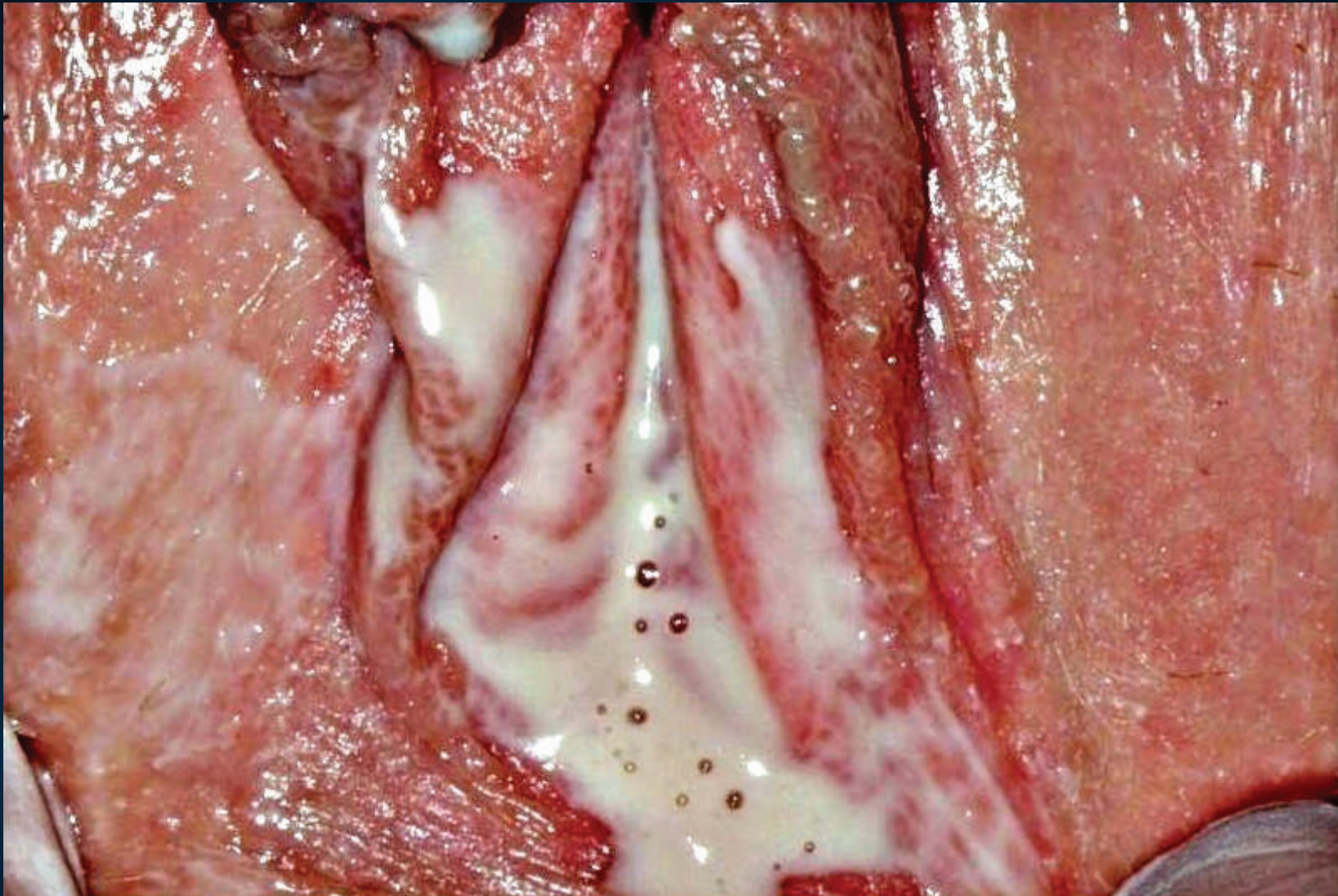
- **fishy** smell (sniff test)
- white, omogeneous, **frothy** and **malodorous** discharge
- vaginal pH > 4.5
- positive **amine-test** (whiff test)
- **clue cells** at microscopy



**fishy** smell

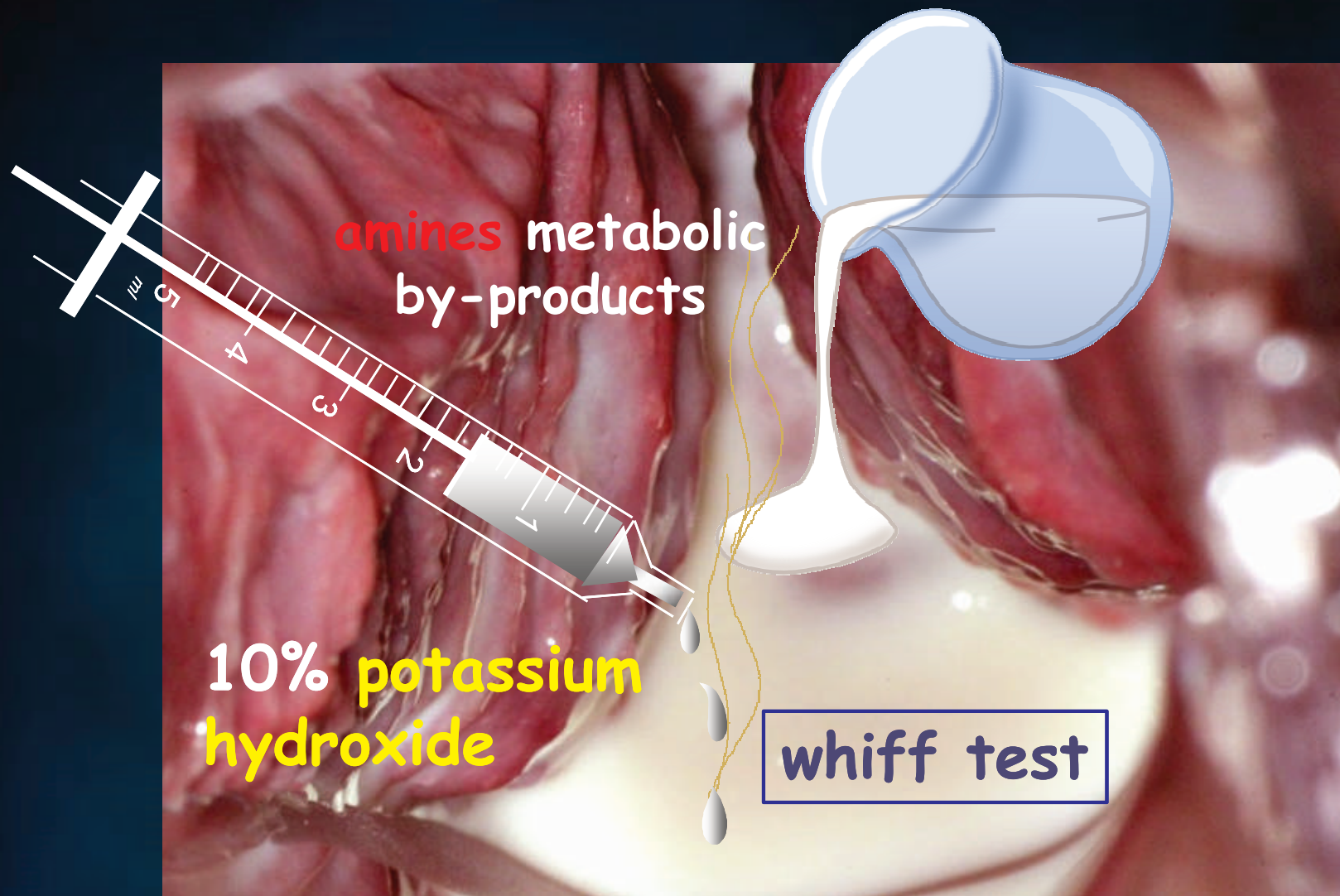




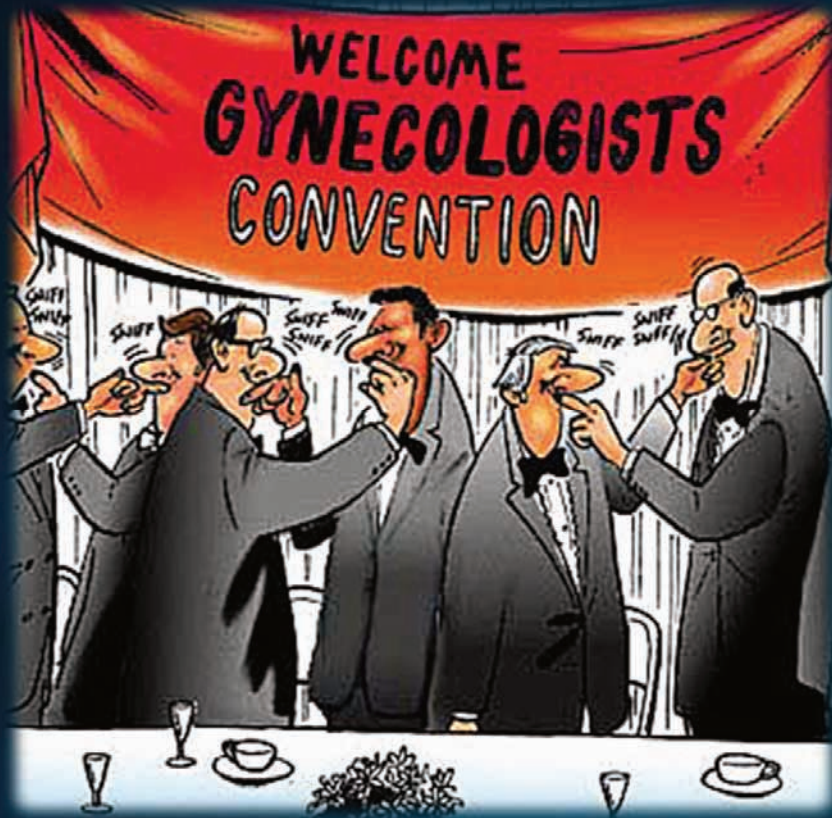


white, omogeneous and **frothy** discharge





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



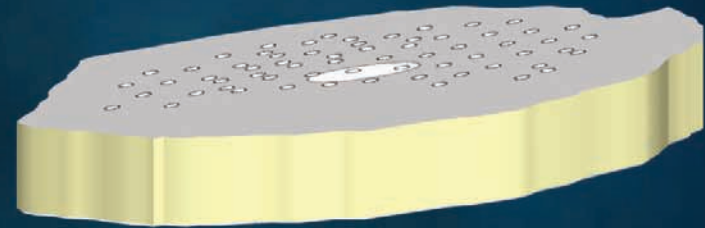
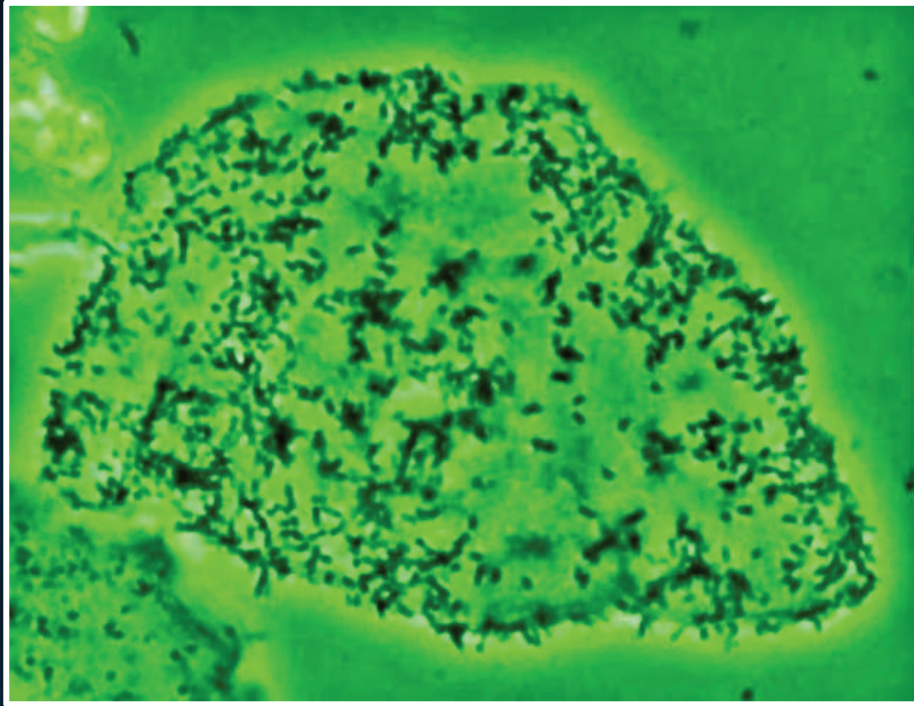
Sometimes  
it is **not**  
**enough**  
to be good  
sommelier...

## 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**



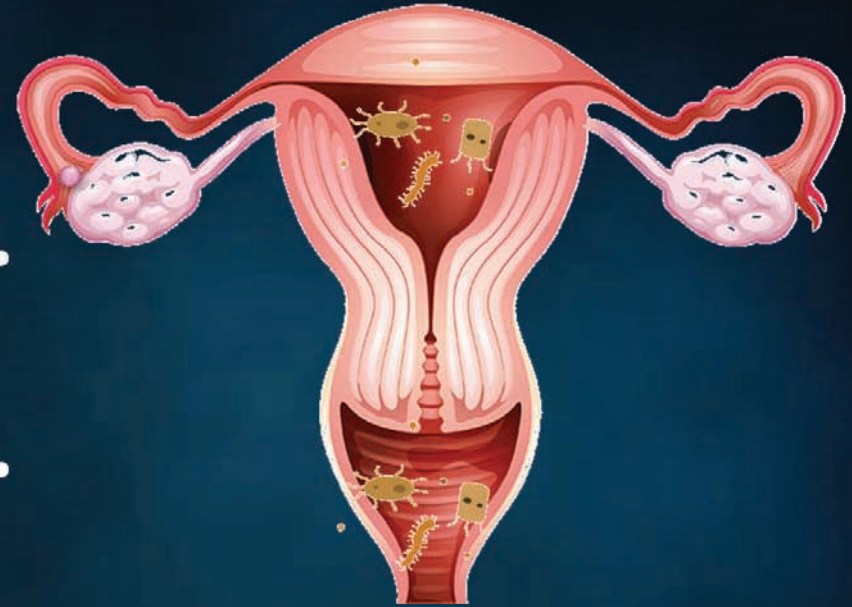




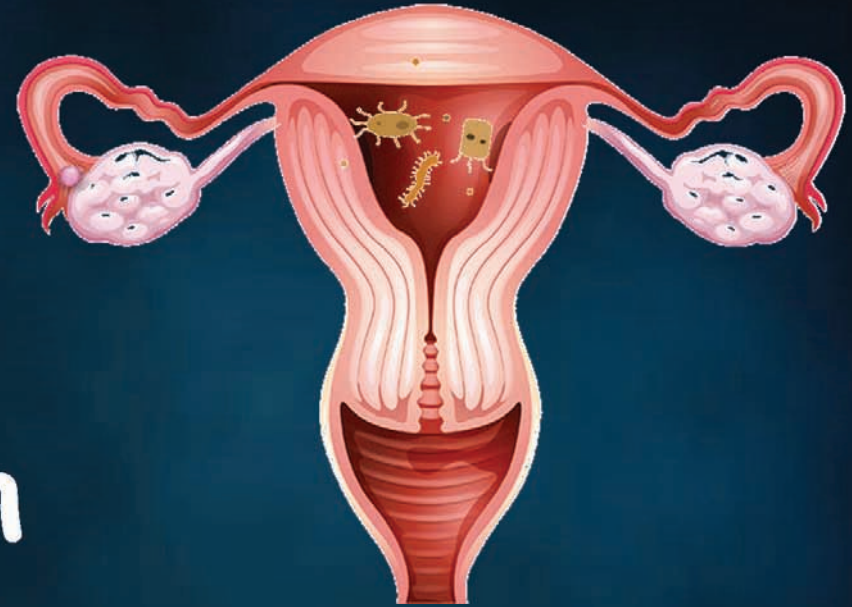
adhered  
pleomorphic bacteria:  
clue cell



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

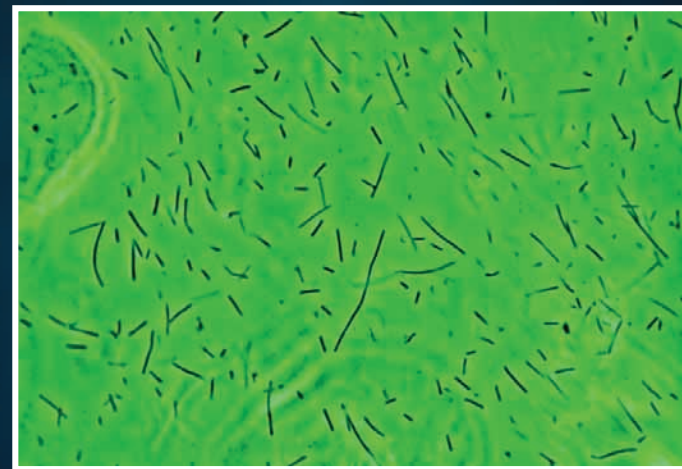
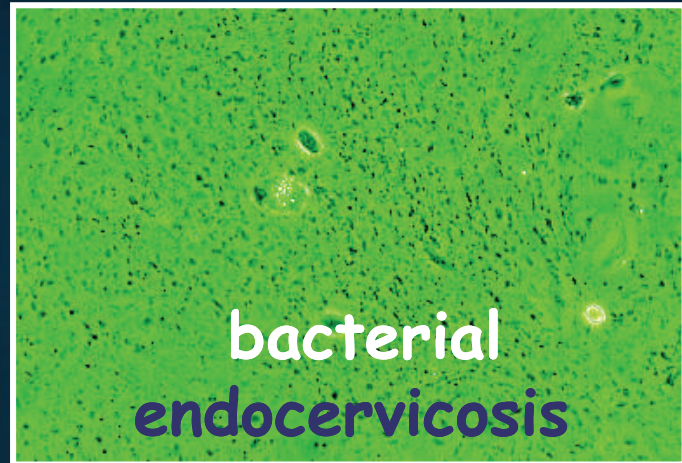


**Half** of  
the women  
presenting with  
**BV** had a polymicrobial  
biofilm adhered  
to the endometrium



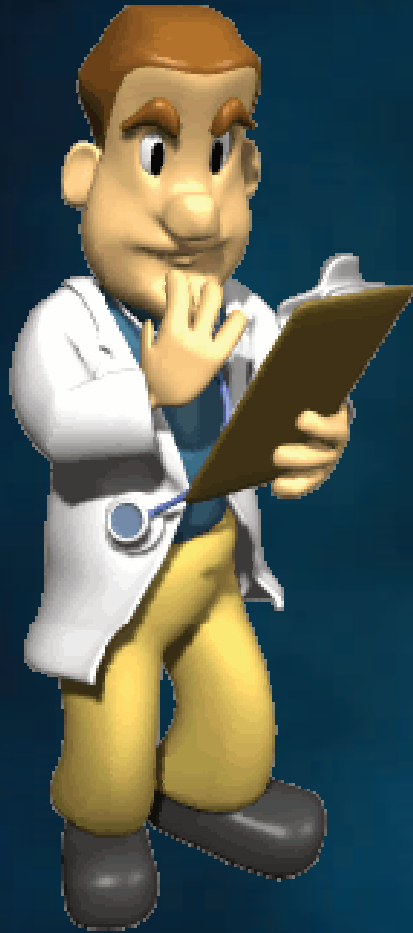


## ENDOCERVICAL wet mount



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



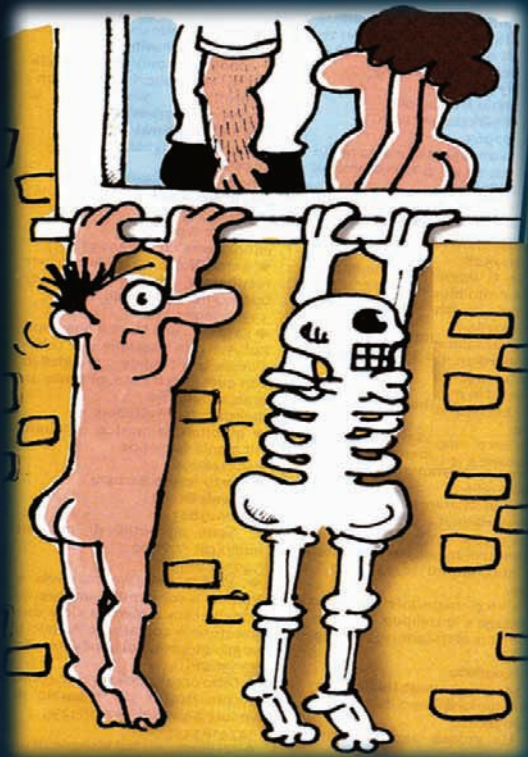
HPV infection  
with BV infection  
may increase the  
incidence of CIN  
and cervical cancer







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?



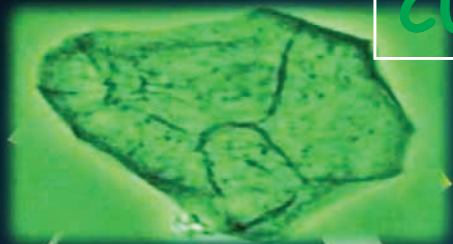
## WET MOUNTS

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

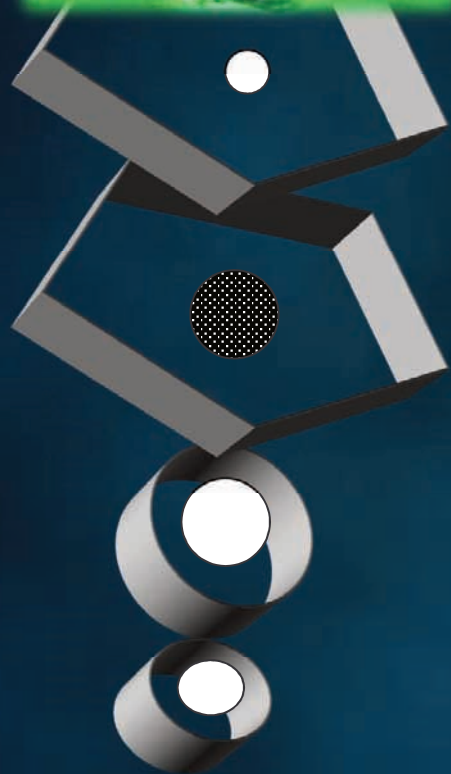
## CUTANEOUS wet mount



# CUTANEOUS wet mount

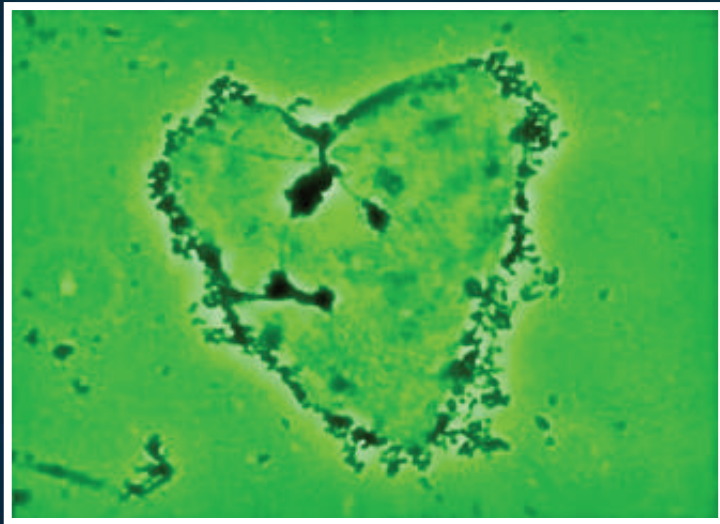


horny cell



keratinized stratified  
SQUAMOUS  
epithelium

## CUTANEOUS wet mount



clue cell (horny cell)



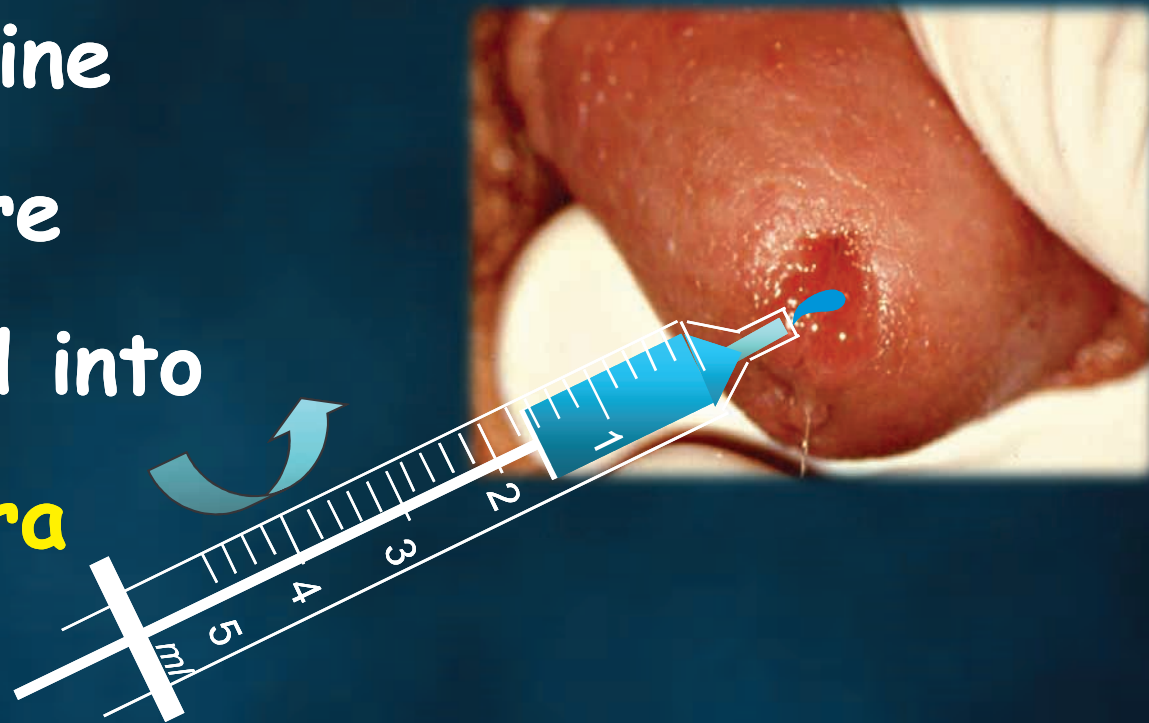


## WET MOUNTS

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

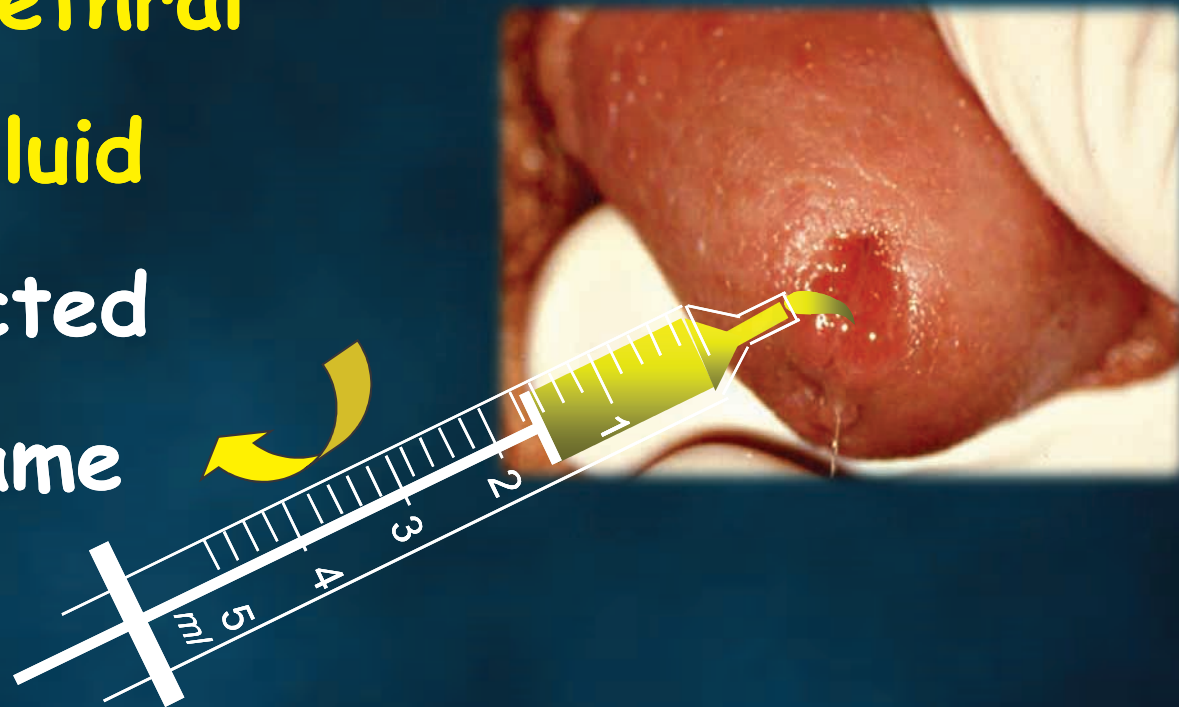
## URINARY wet mount

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

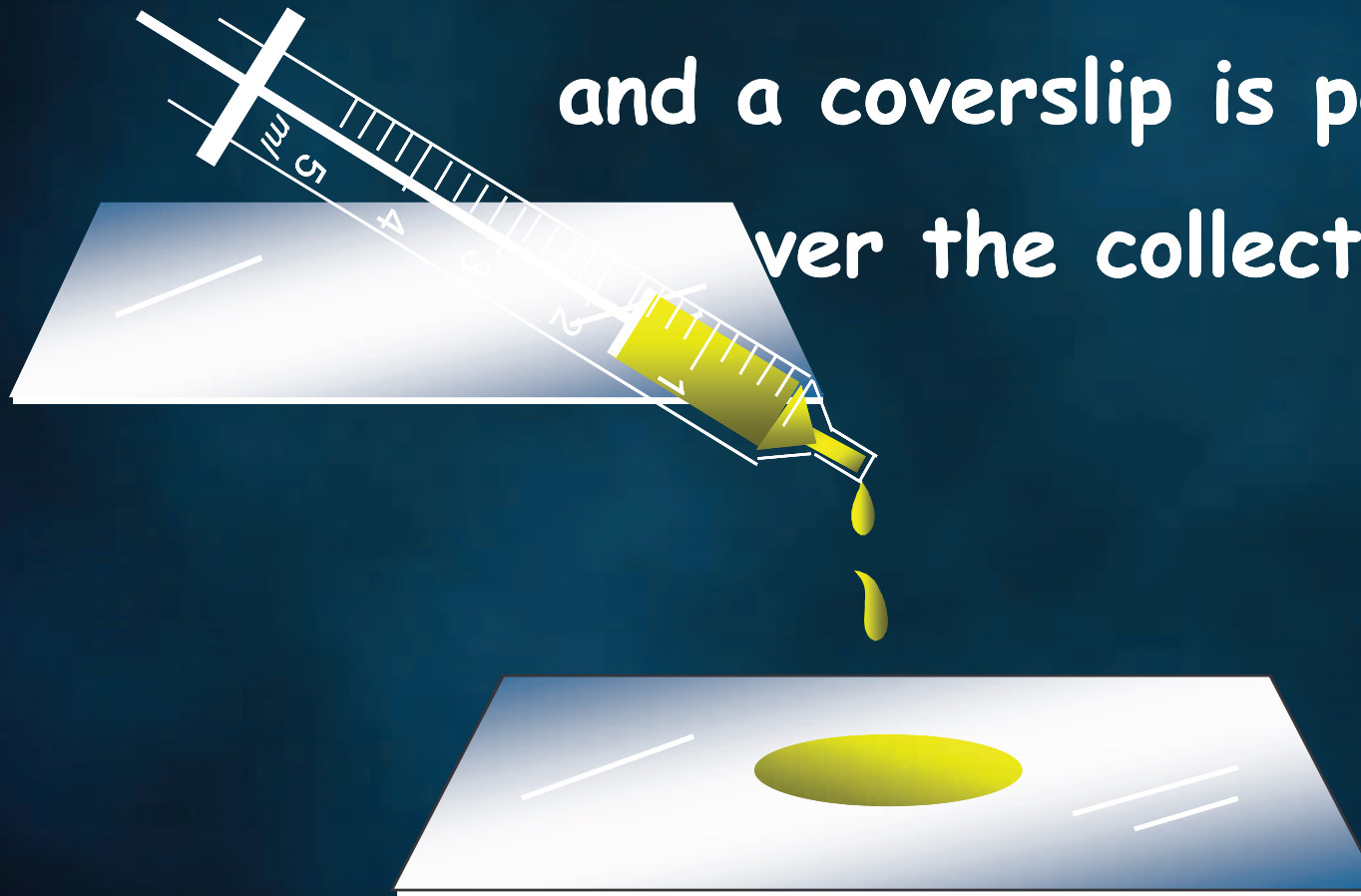


## URINARY wet mount

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



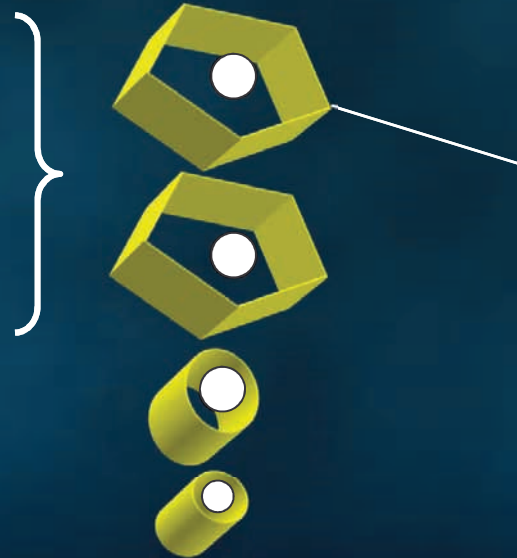
## Colonization Level



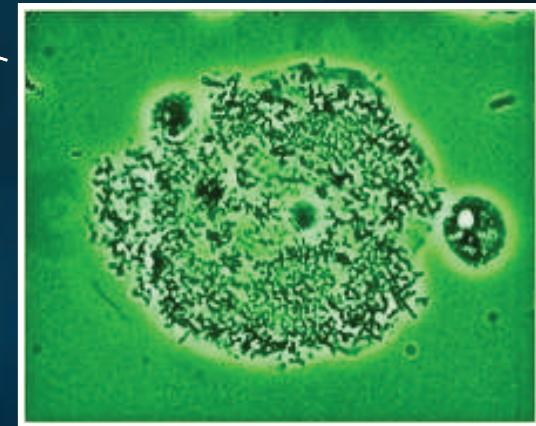
## URINARY EPITHELIA



squamous



URO-wet mount



## URINARY EPITHELIA



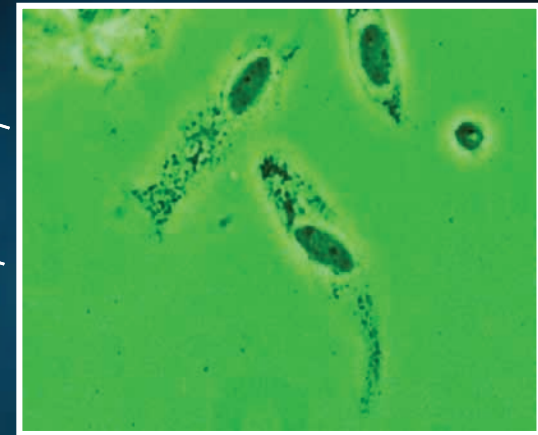
transitional



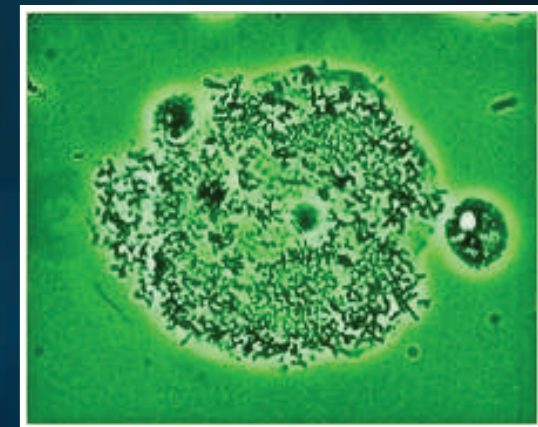
squamous



URO-wet mount

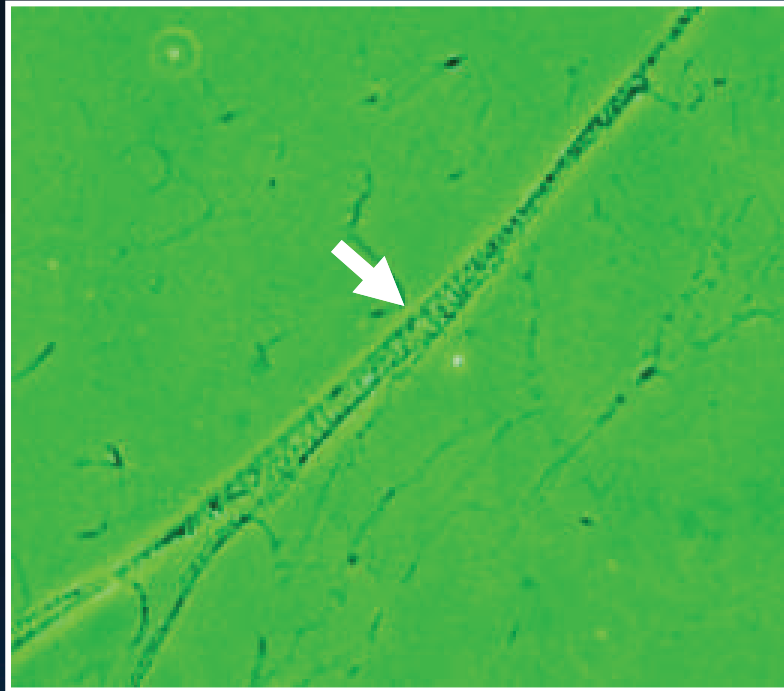


bacterial  
urethrosis

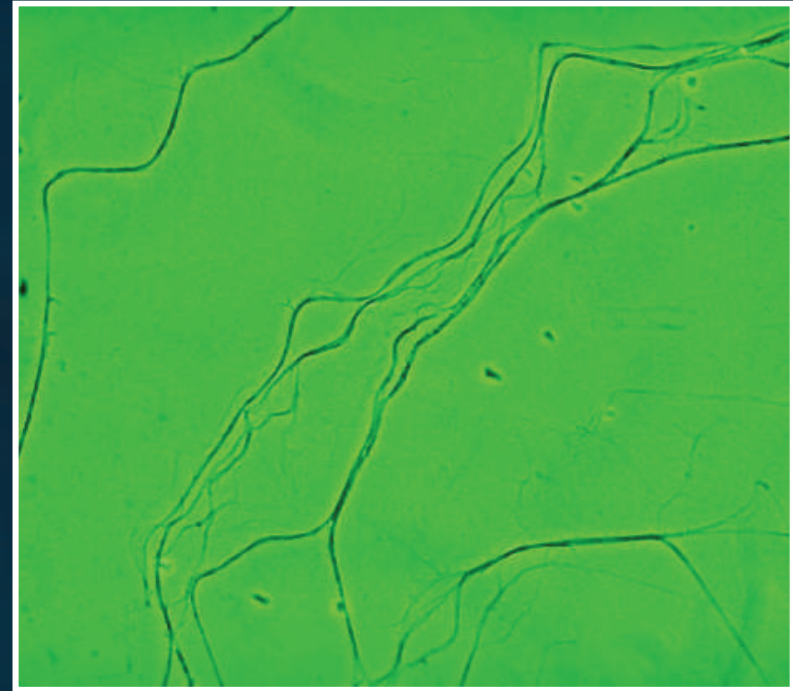




## URINARY wet mount



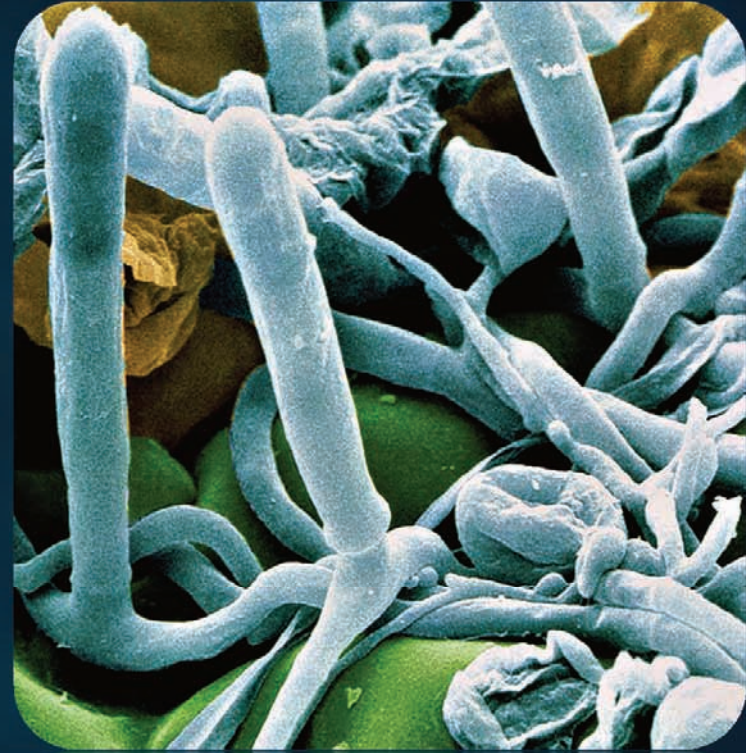
**Adhered** bacteria  
to mucus filaments



**Clean** mucus filaments  
after treatment



# Candida albicans



## Bacterial Vaginosis (40%-50%)



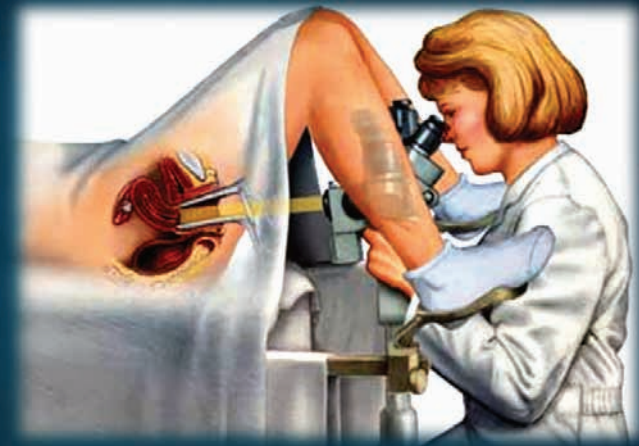
Trichomoniasis  
(15%-20%)

Candidiasis  
(20%-25%)

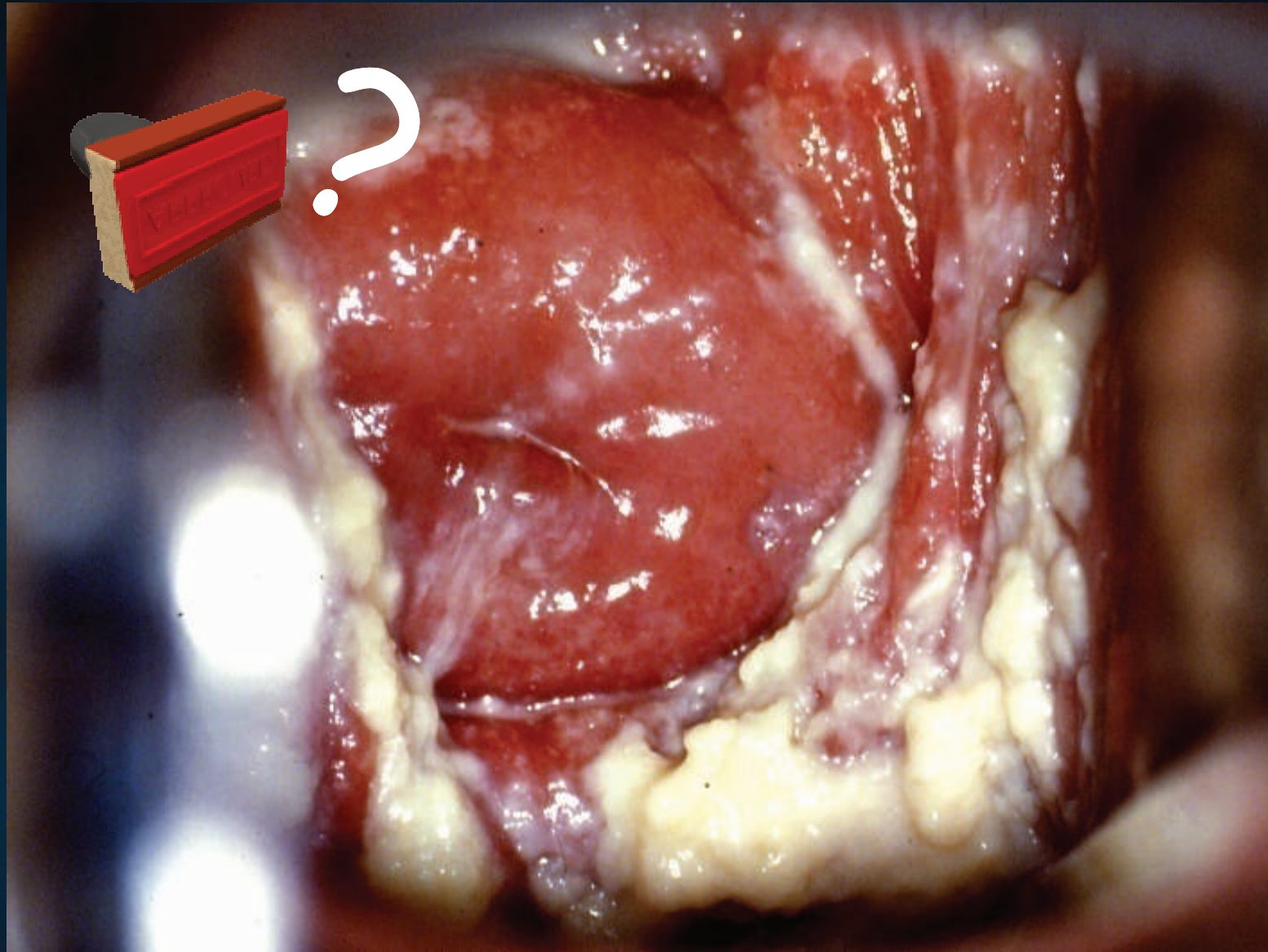
# CANDIDA

## colposcopy:

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







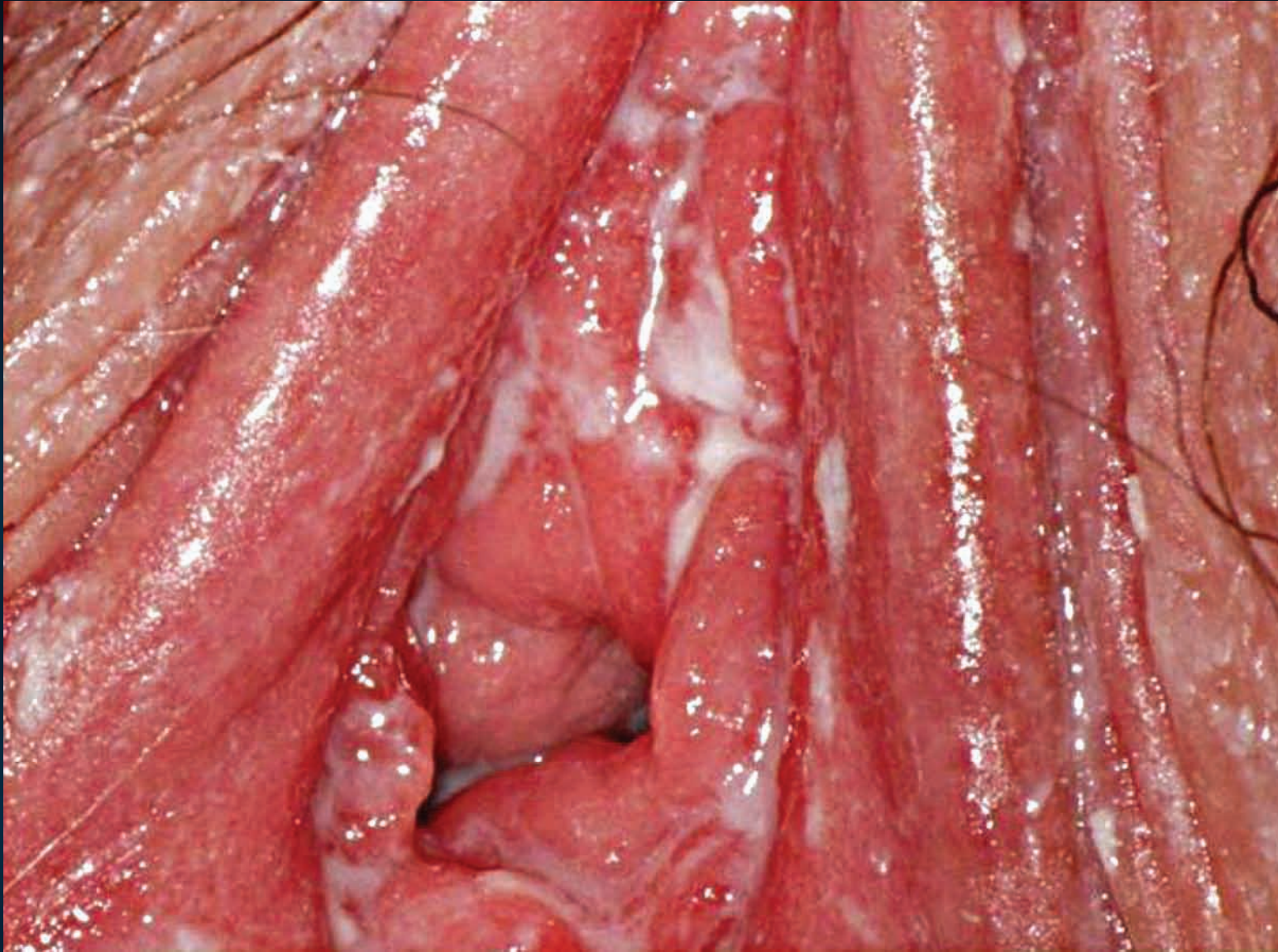
white and **clumpy** discharge



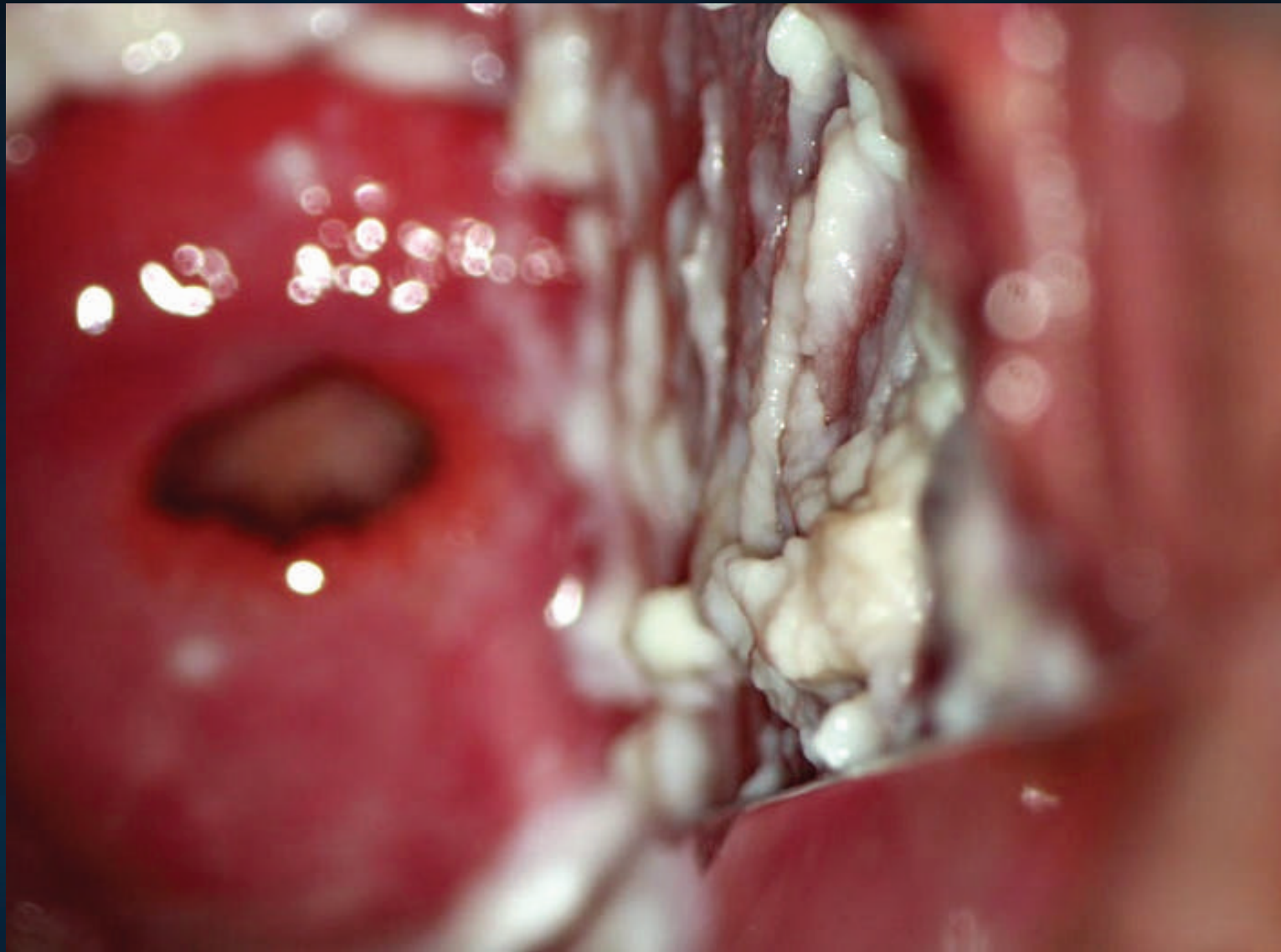
Clinical

Traps



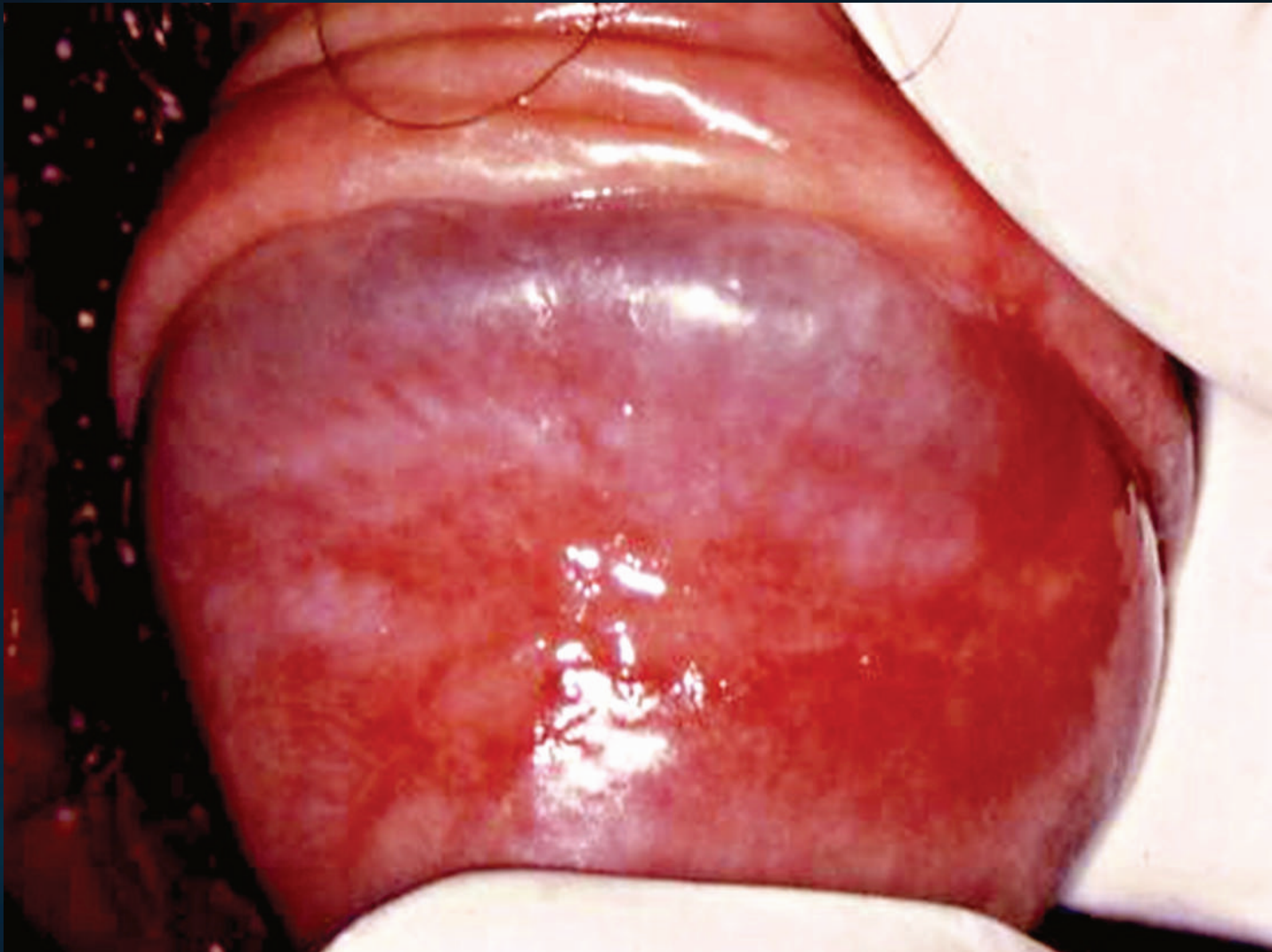


vulvar **erythema** and **creamy** discharge



white and **clumpy** discharge





post-coital erythema





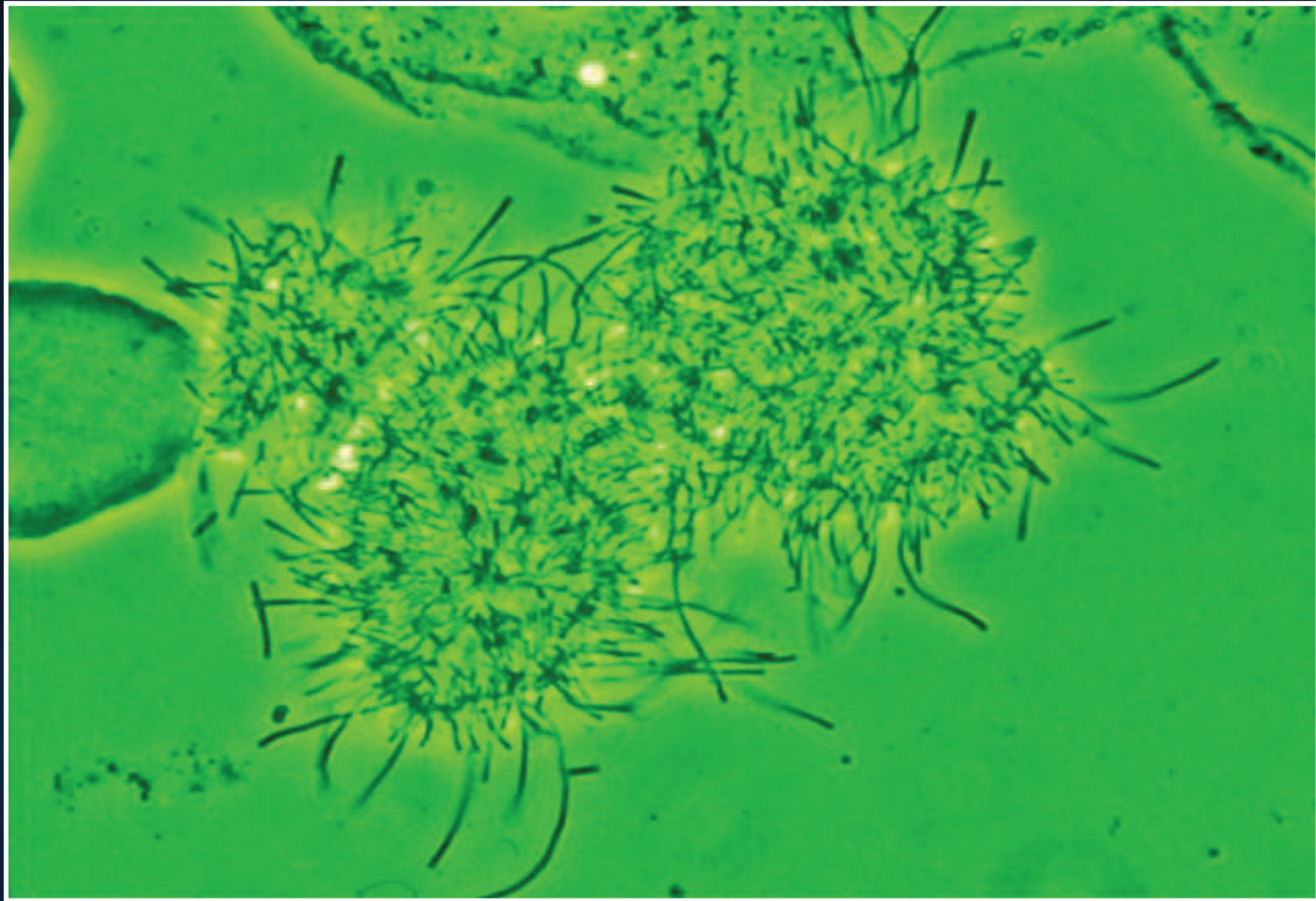
In some of the patients who have symptoms and signs of vaginal candidiasis, which is unresponsive to antifungal drugs, a diagnosis of cytolytic vaginosis may have to be suspected



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

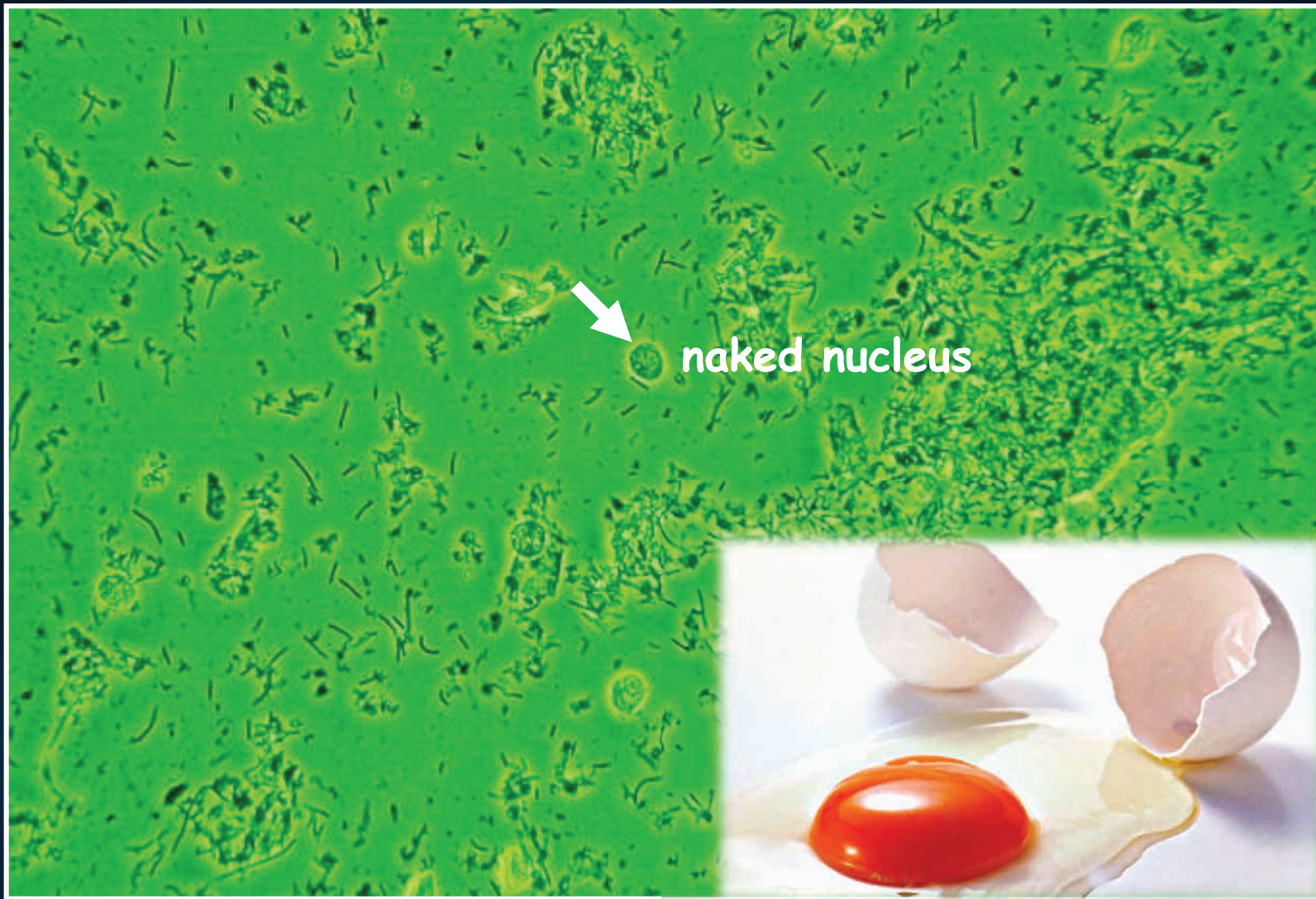


It is characterized  
by abundant growth  
of Lactobacilli  
resulting in **lysis** of  
vaginal epithelial cells



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%**



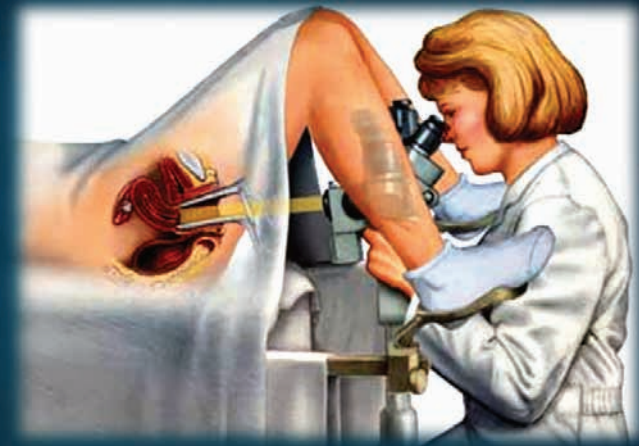
If vaginal lactobacillosis  
is misinterpreted as  
a fungal infection,  
**allergic** reactions to antimycotic  
therapy may result in **perpetuation**  
of symptoms that are incorrectly  
thought to be caused by yeast



# CANDIDA

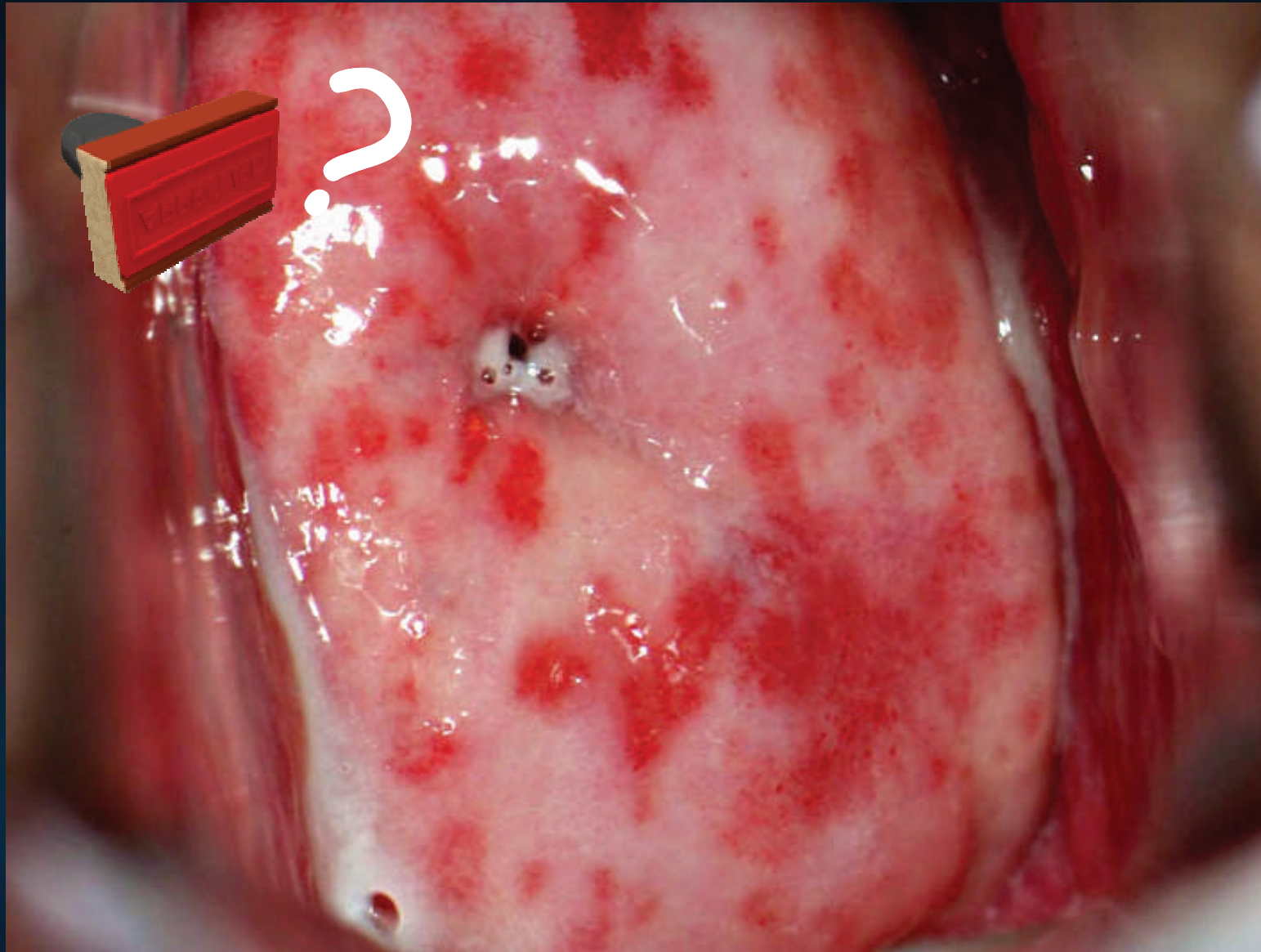
## colposcopy:

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



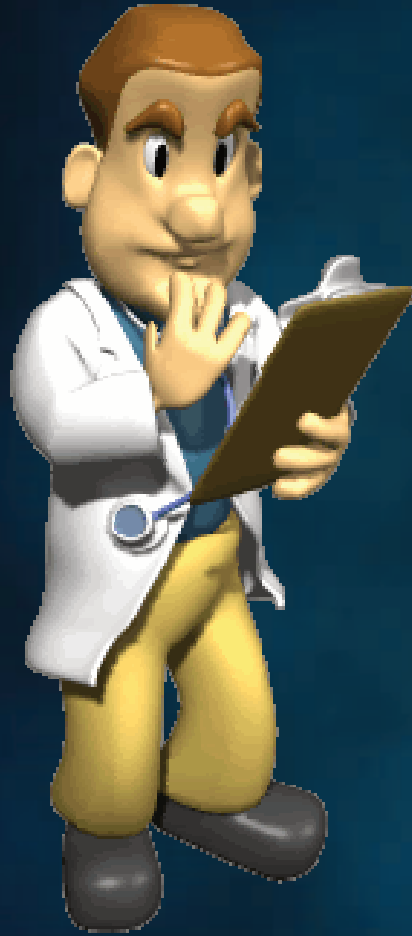


**funga** erythematous **maculae**



**funga** erythematous **maculae**





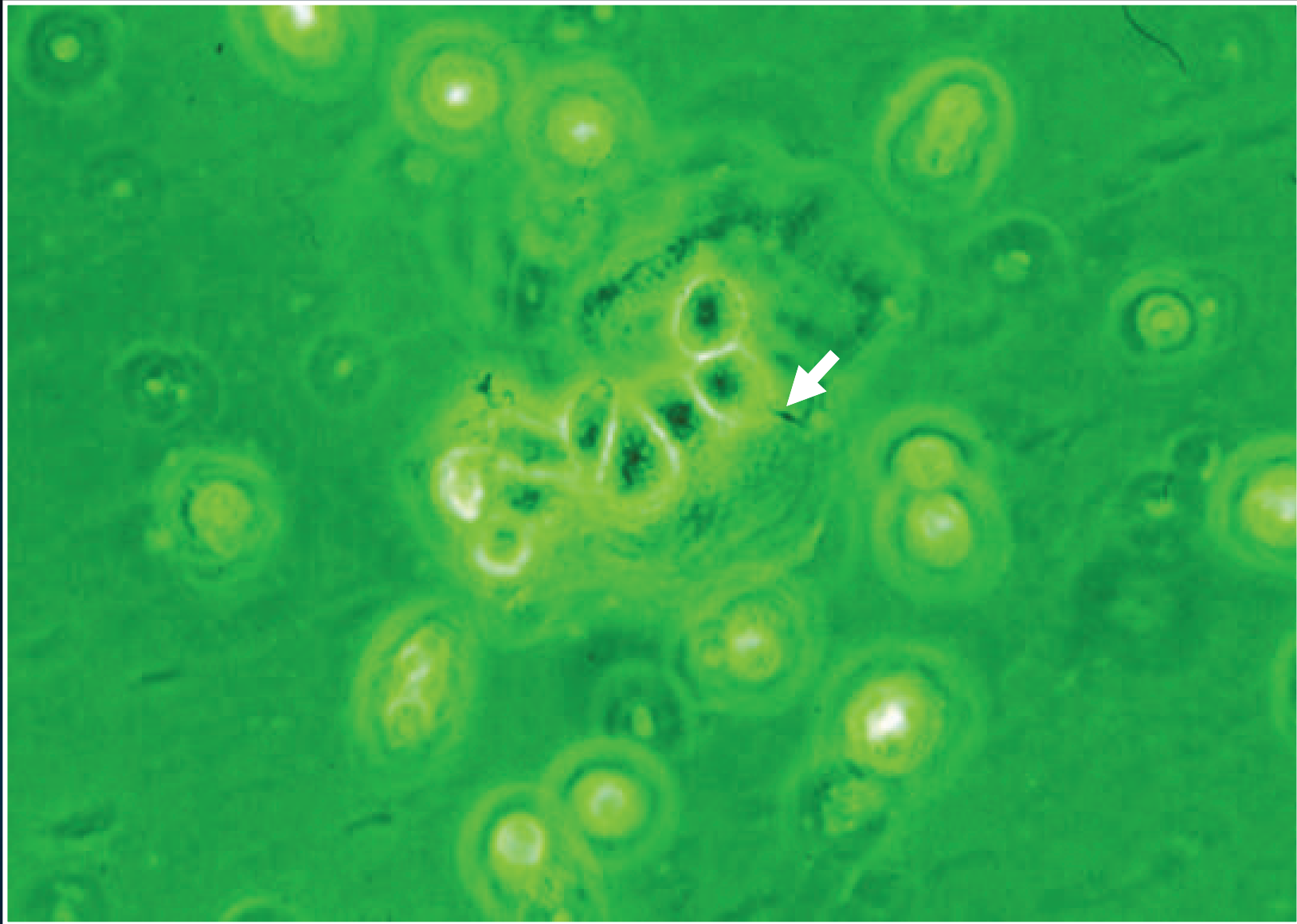
# Differential diagnosis

vs **Trichomonas**  
petechiae

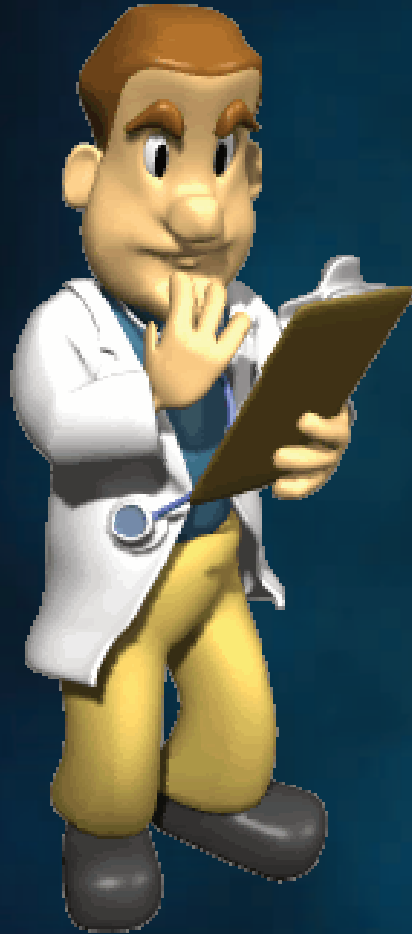




**Trichomonas** strawberry appearance



cluster of **Trichomonads**



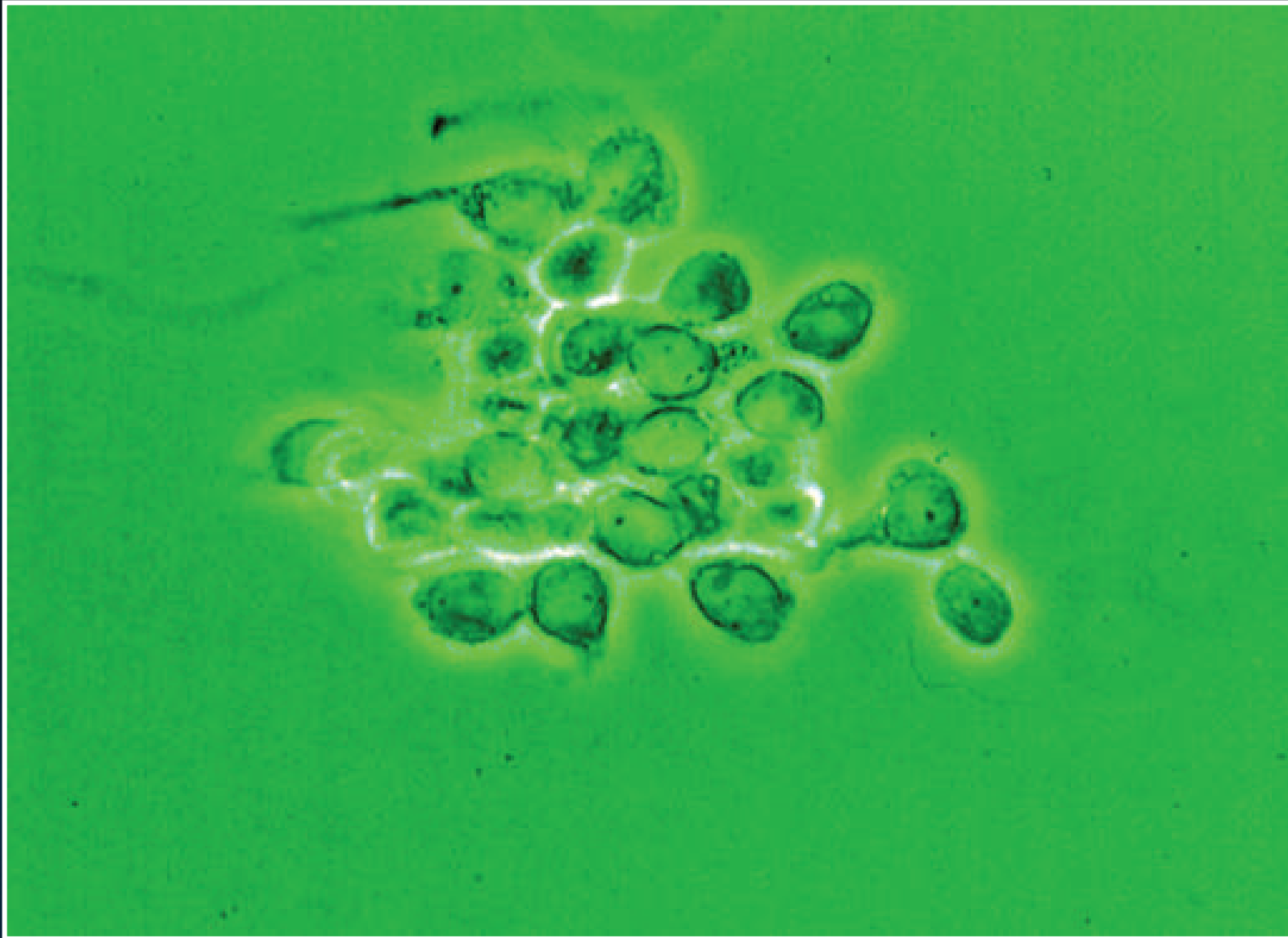
# Differential diagnosis

vs **dystrophic**  
petechiae



dystrophic petechiae





atrophic smear

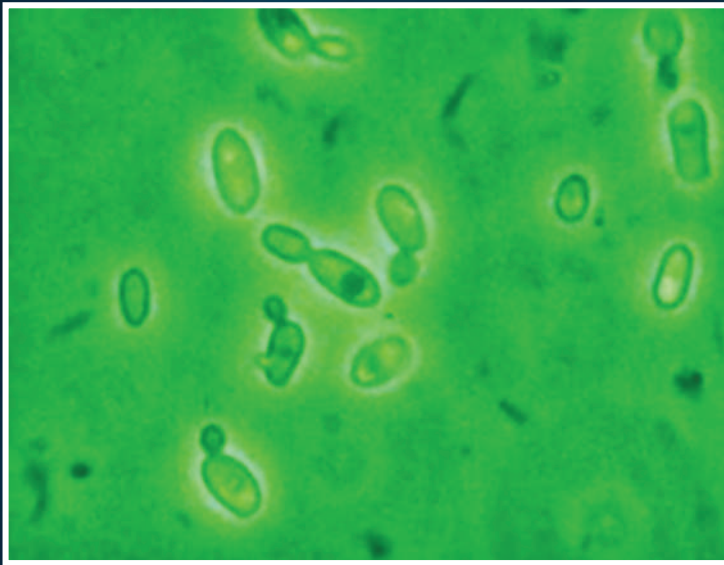
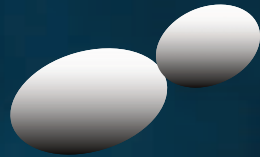
# CANDIDA

## Direct microscopy:

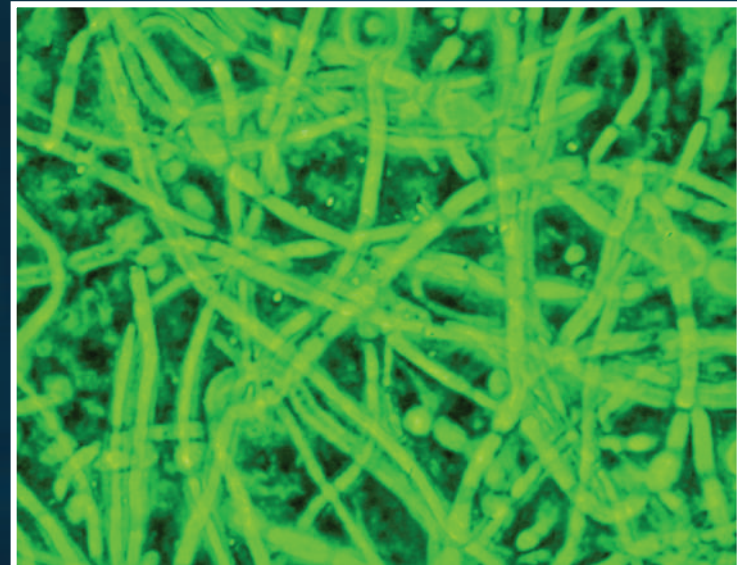
- blastospores
- hyphae
- Candida cytopathy



# CANDIDA

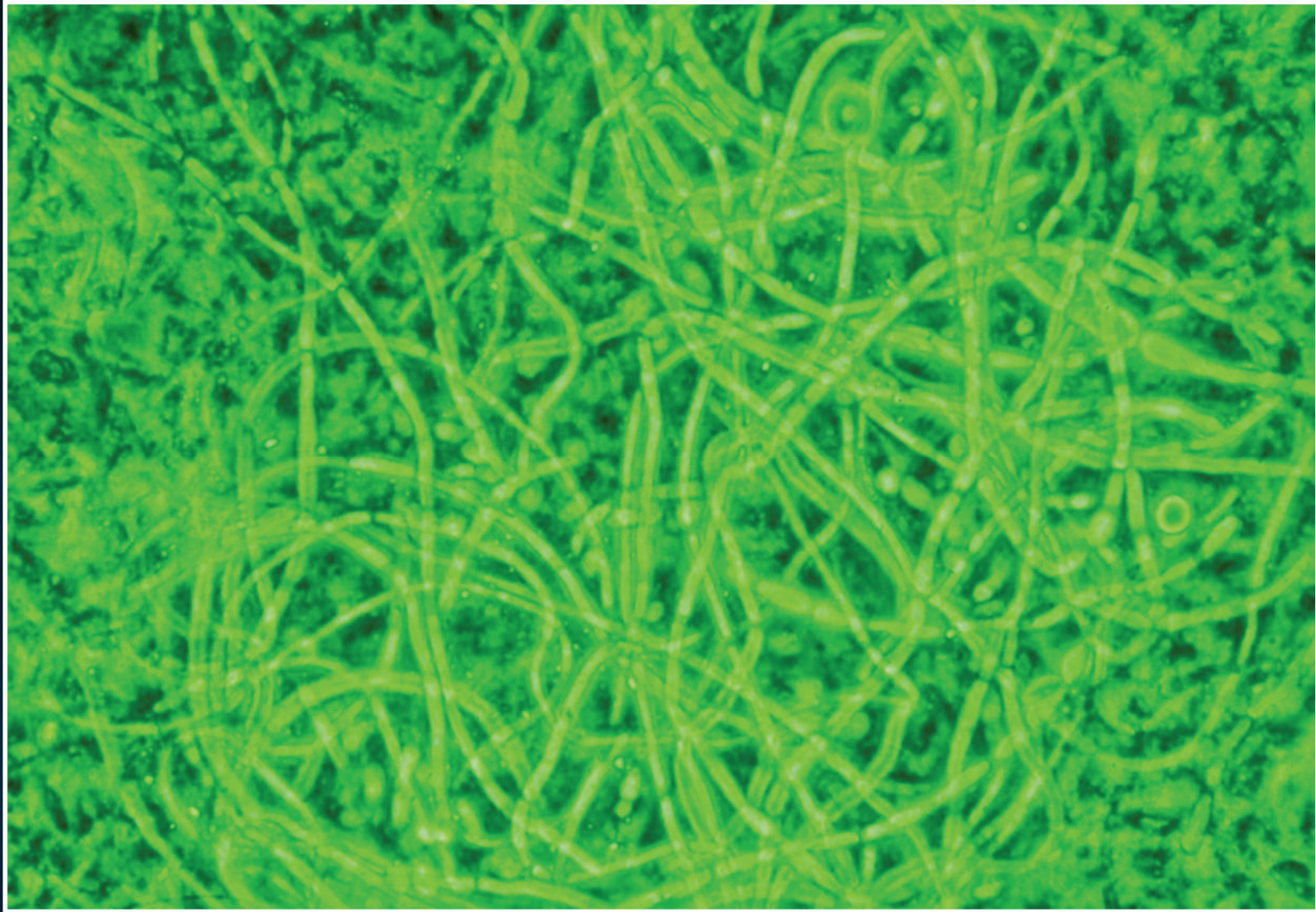


budding blastospores



branching hyphae





branching and budding hyphae



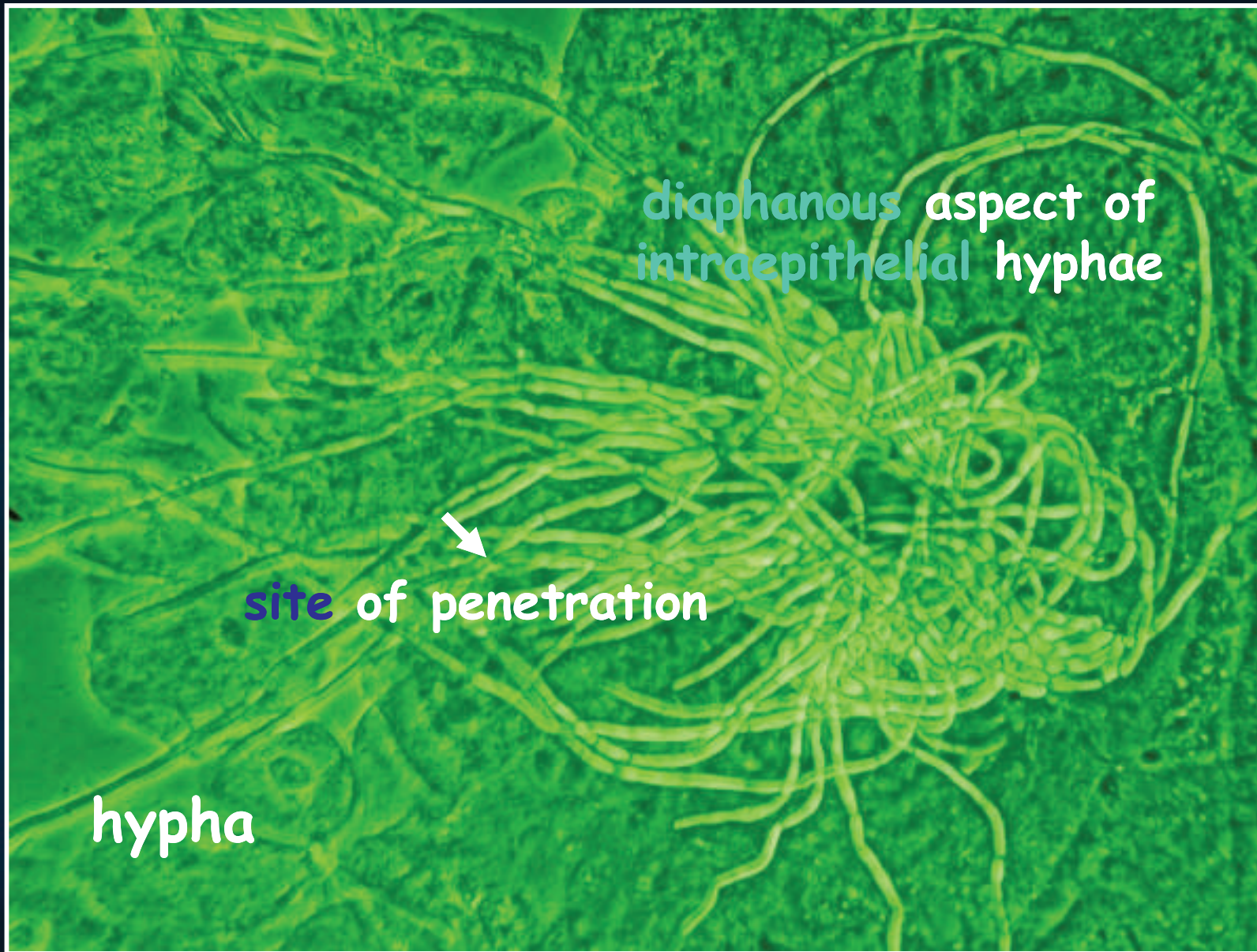
# Laboratory



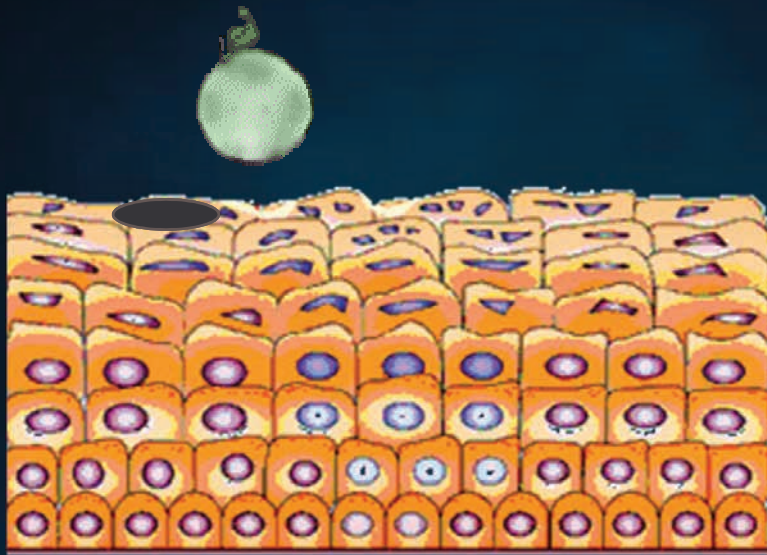
Frequently, despite the presence of irritative symptoms, fungal blastospores and hyphae **are not visible** under direct microscopic examination and cultures yield **negative results**



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



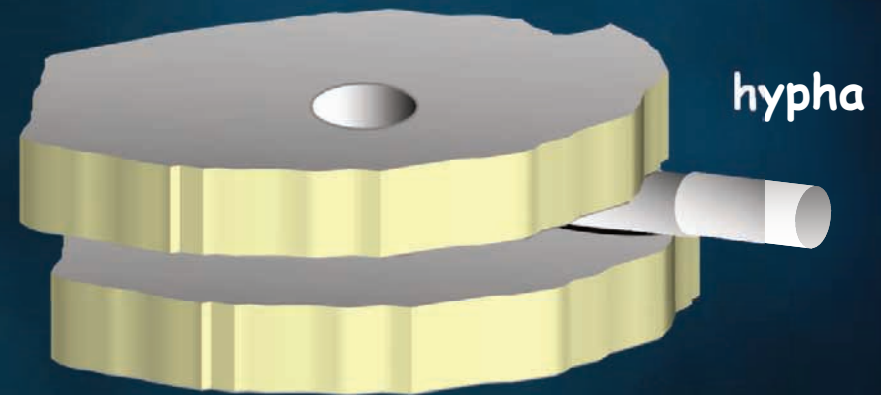
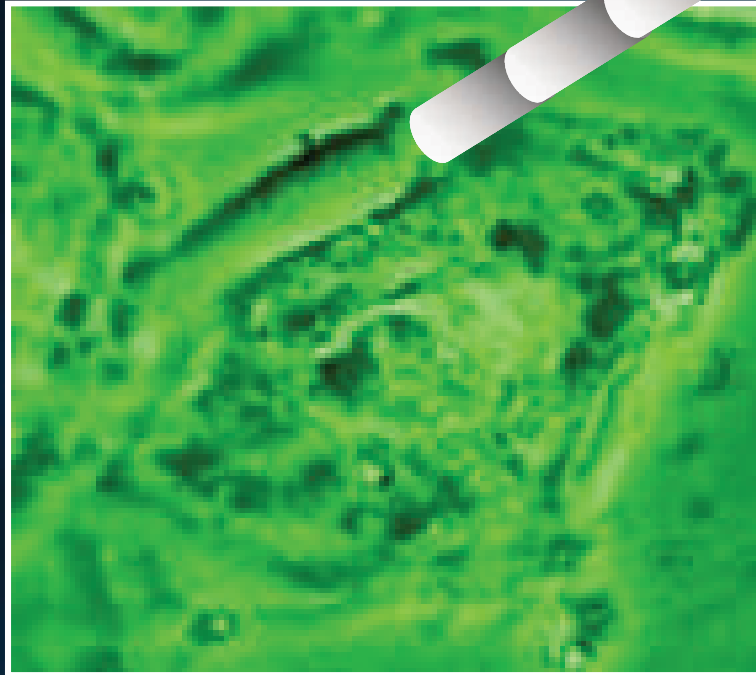




Passing through  
the vaginal  
epithelium,

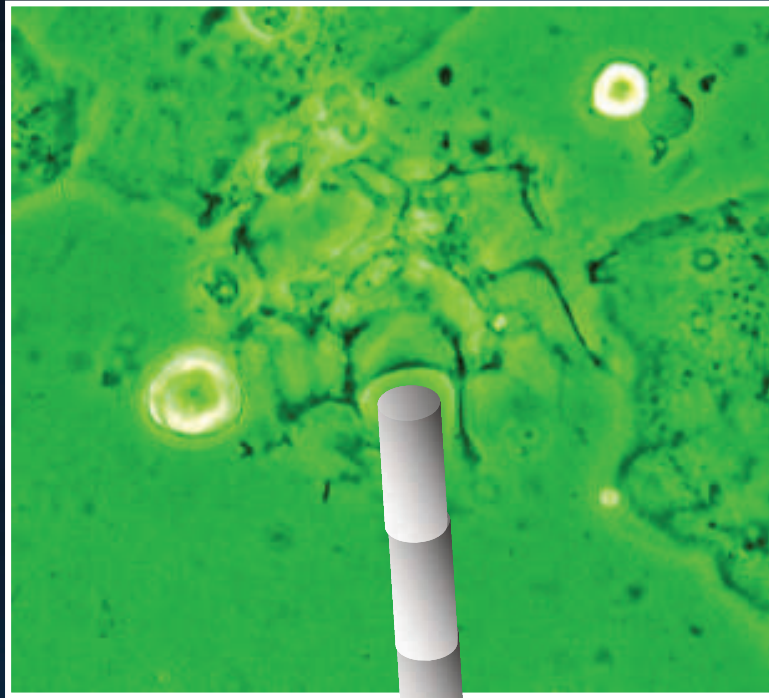
Candida causes a specific  
**cytopathy**, that can be easily  
detected by **direct microscopy**

# CANDIDA EPITHELIAL **INVASION**

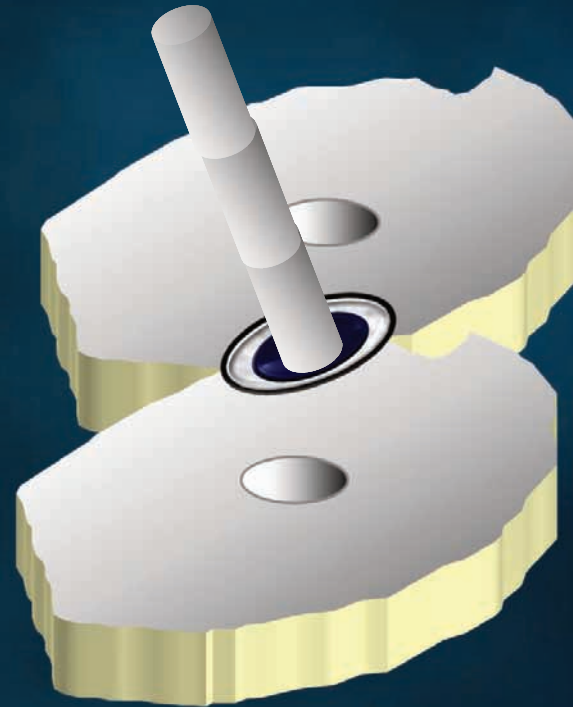


Candida cytopathy:  
cytoplasmic **GROOVE**

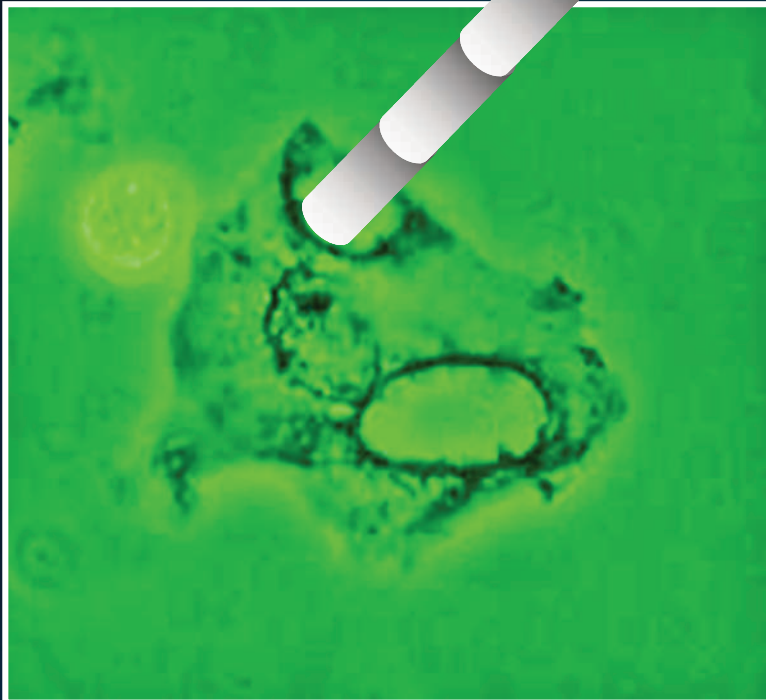
# CANDIDA EPITHELIAL **INVASION**



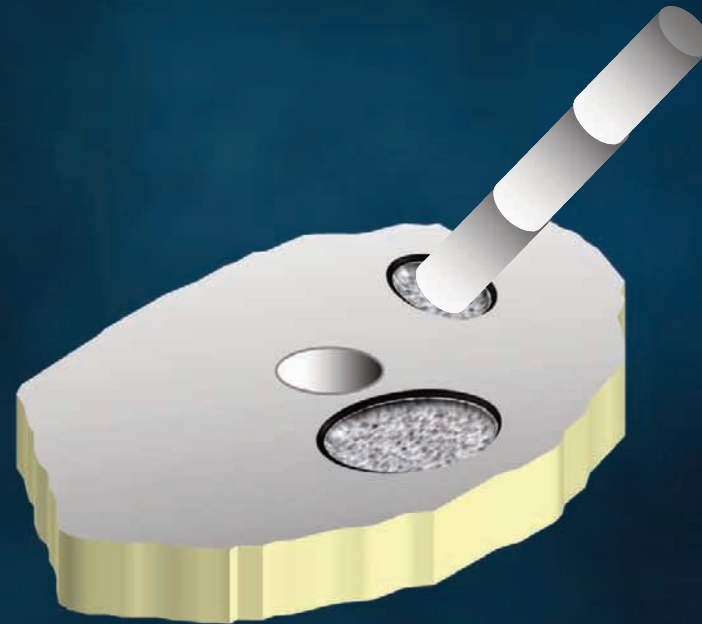
Candida cytopathy:  
marginal **EROSION**



# CANDIDA EPITHELIAL **INVASION**

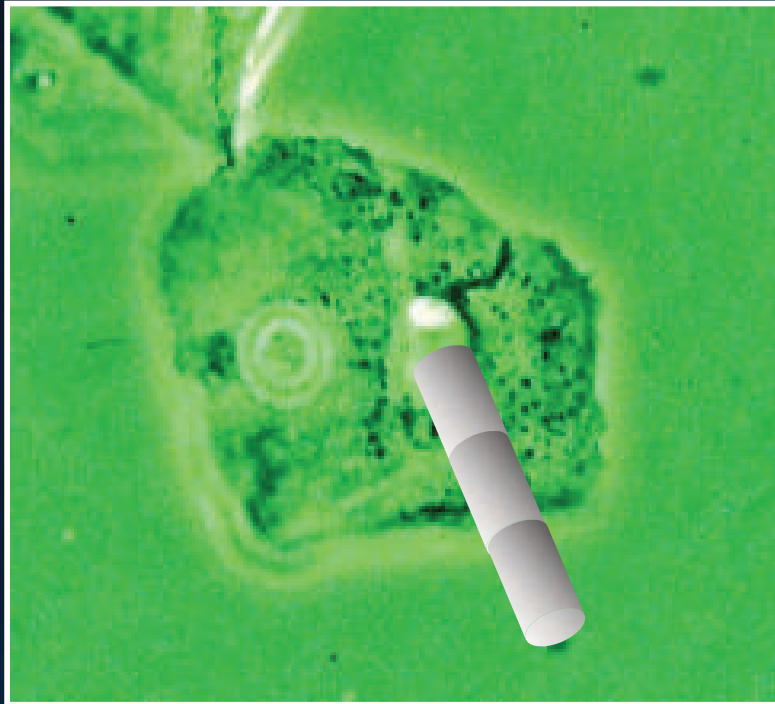


Candida cytopathy:  
cytoplasmic **HOLES**

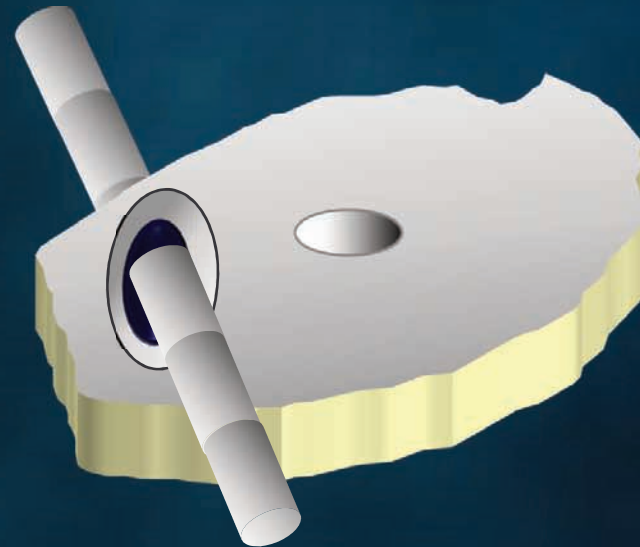




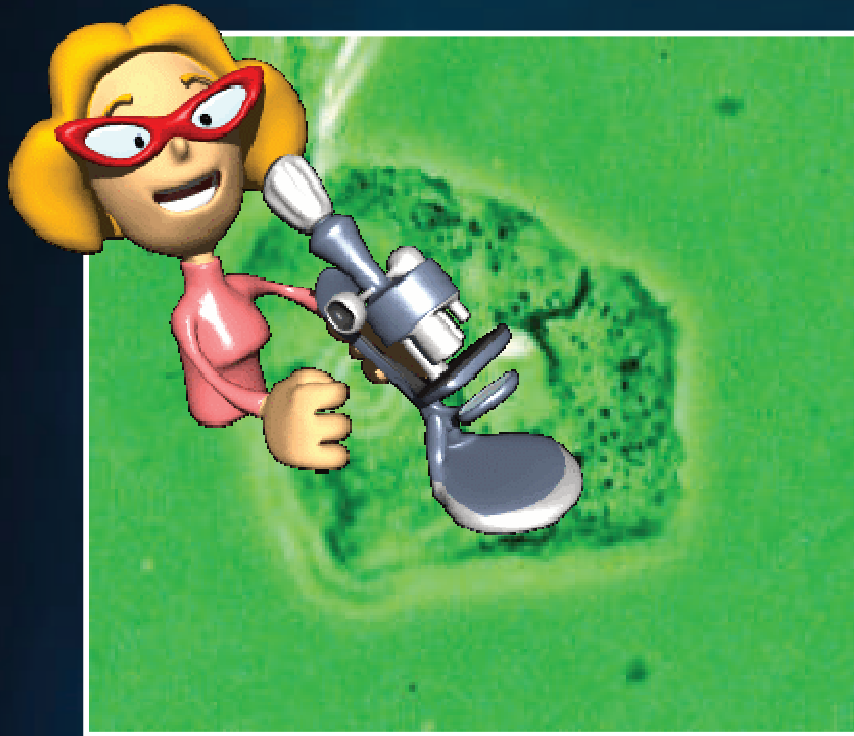
# CANDIDA EPITHELIAL **INVASION**



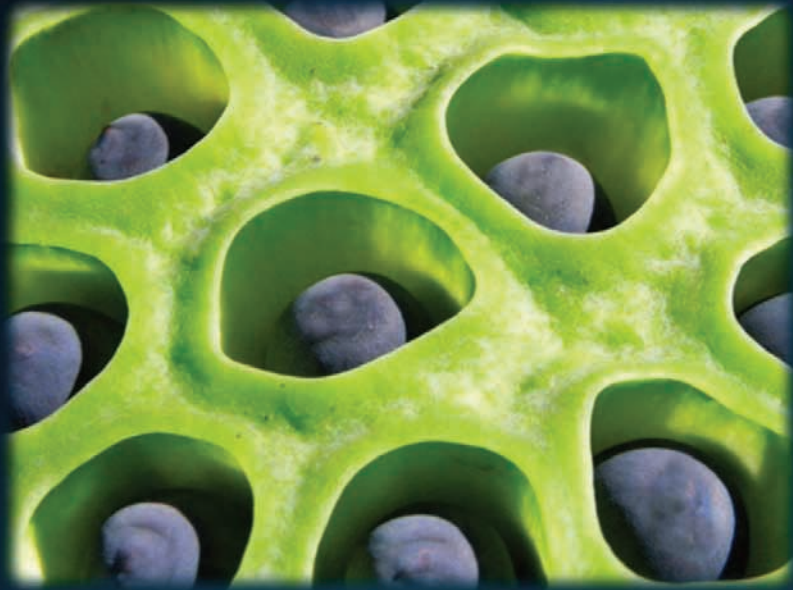
Candida cytopathy:  
cytoplasmic **TUNNEL**



## CANDIDA EPITHELIAL **INVASION**

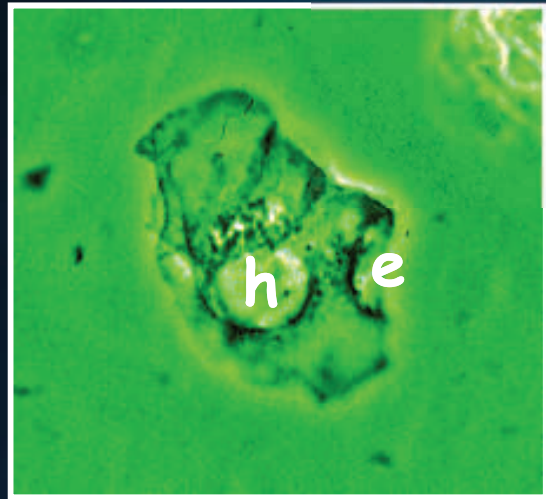


Candida cytopathy  
can be recognized  
only by the use of  
direct microscopy



## Candida cytopathy

detection may  
be usefull to diagnose  
**hidden** fungal infections  
in different districts



Candida cytopathy  
(cytoplasmic **hole**  
and **marginal erosion**)



10 **ids** after **cl** early treatment



**Infective**

male partner

usually presents

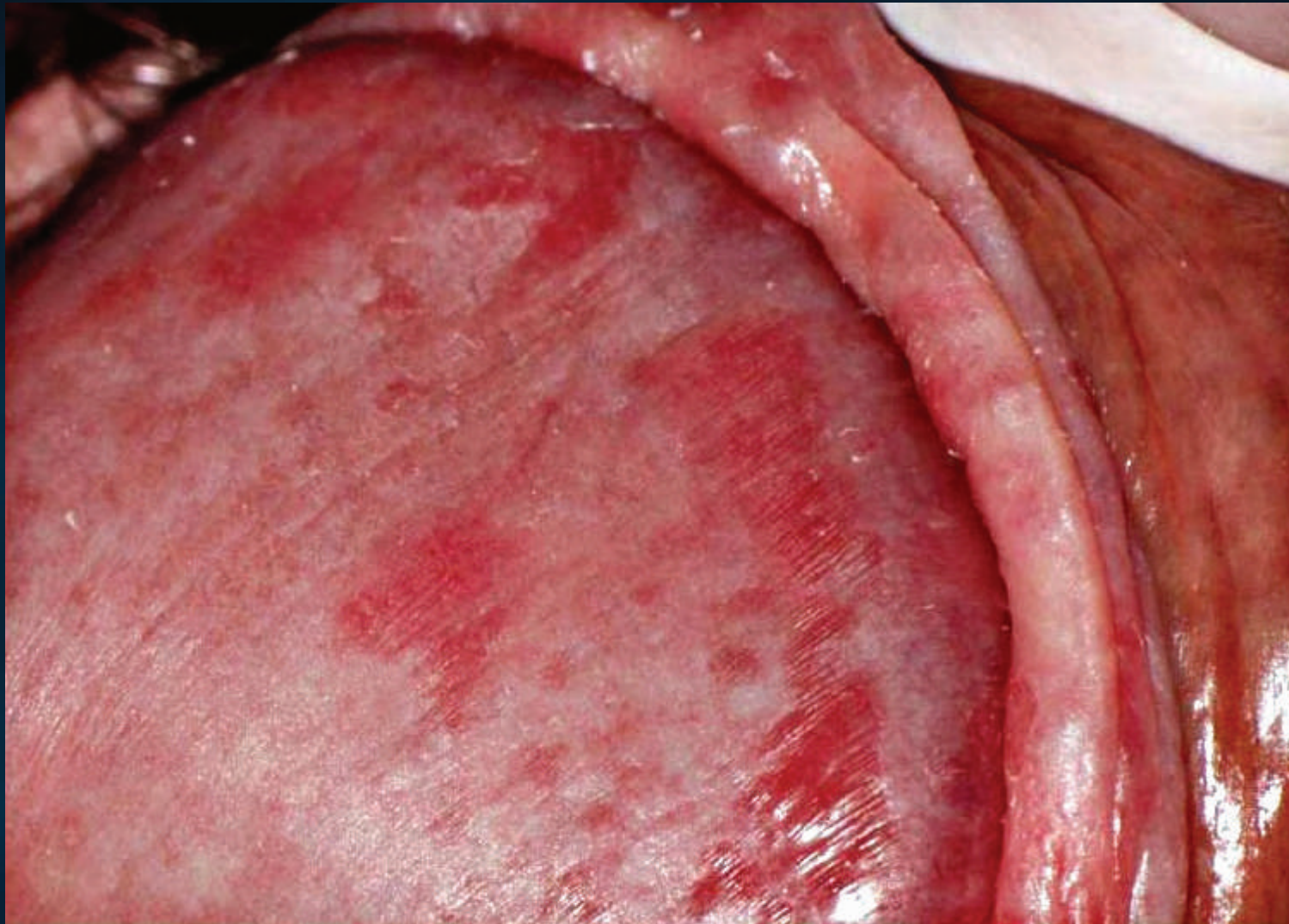
**no** penile **signs**

or **symptoms**





**erythematous** balanoposthitis



**erythematous** patches





**erythema and fissure**





maculae



micro blisters





**exfoliating** balanoposthitis



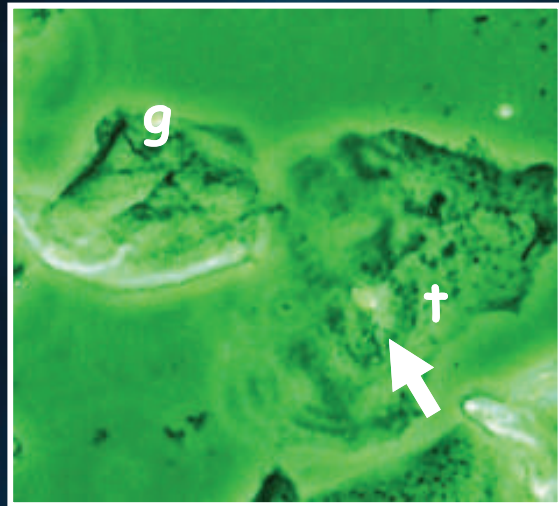
**exudative** balanoposthitis





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

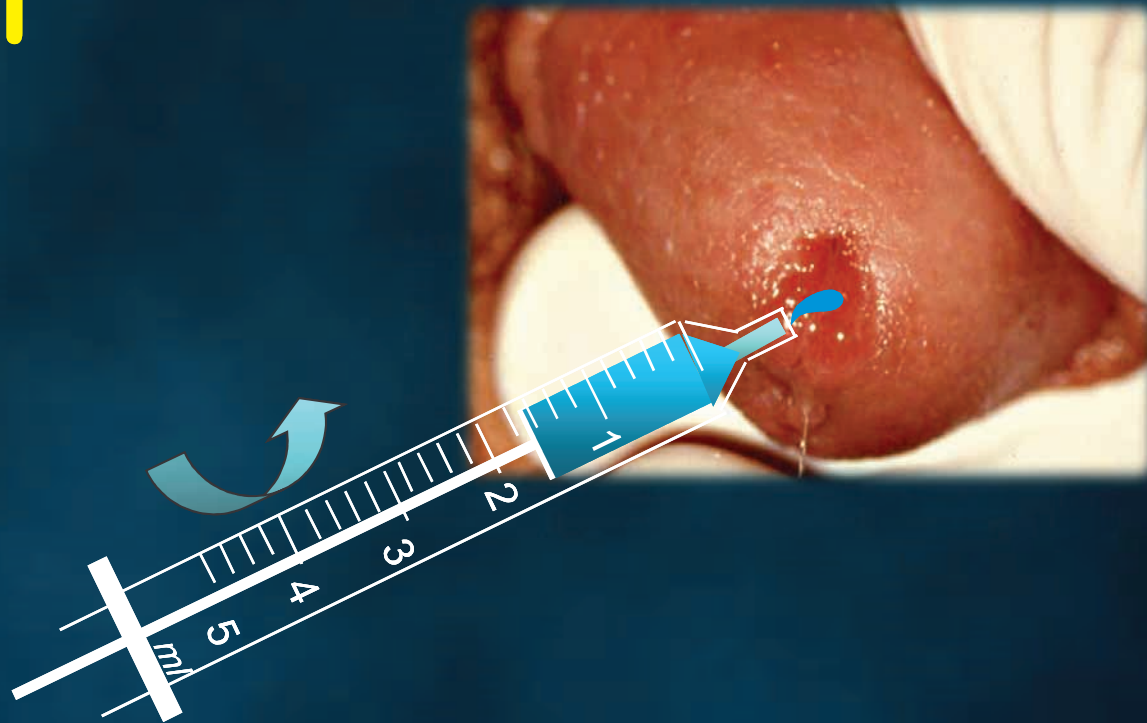
## CUTANEOUS wet mount



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

URINARY wet mount

# Colonization Level



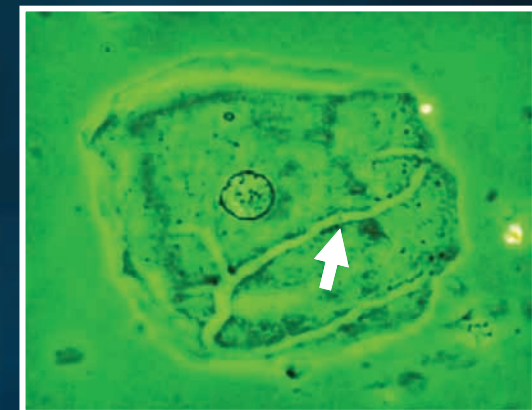
# URINARY EPITHELIA



squamous



URO-wet mount



grooves



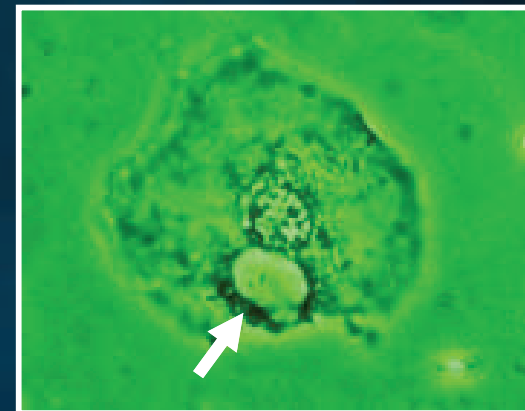
# URINARY EPITHELIA



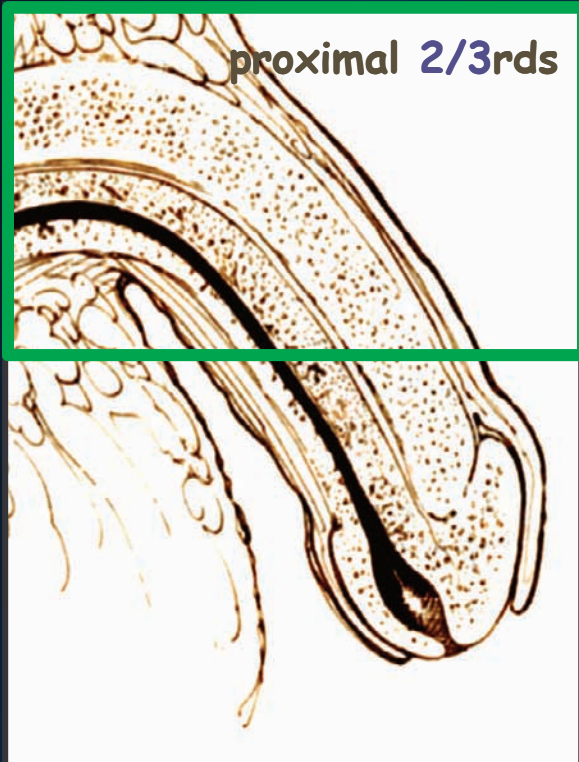
squamous



URO-wet mount



# URINARY EPITHELIA



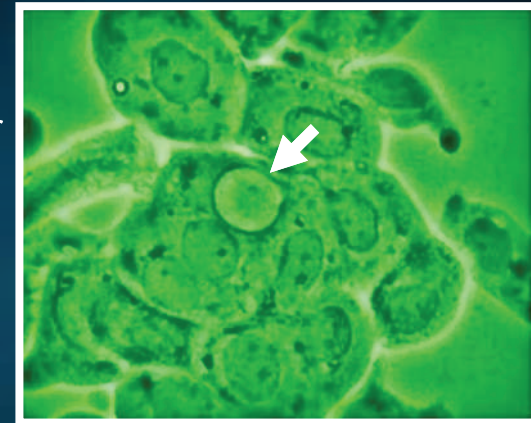
transitional



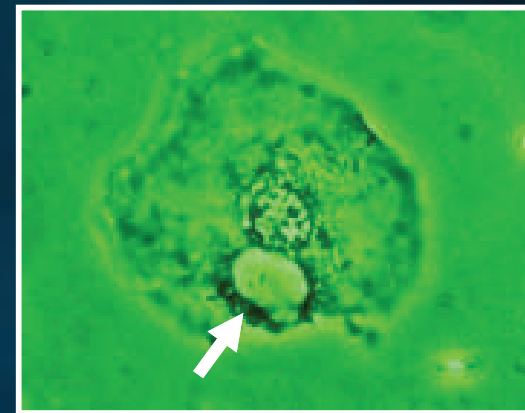
squamous



URO-wet mount

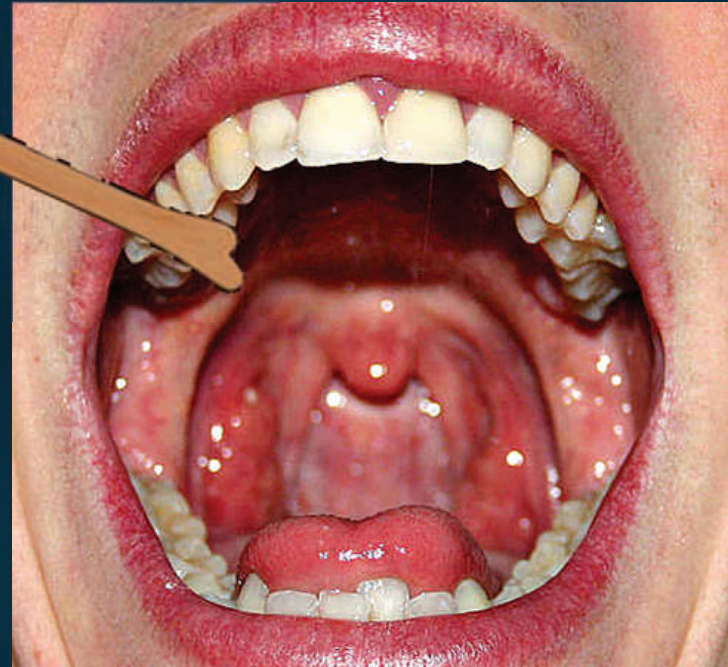
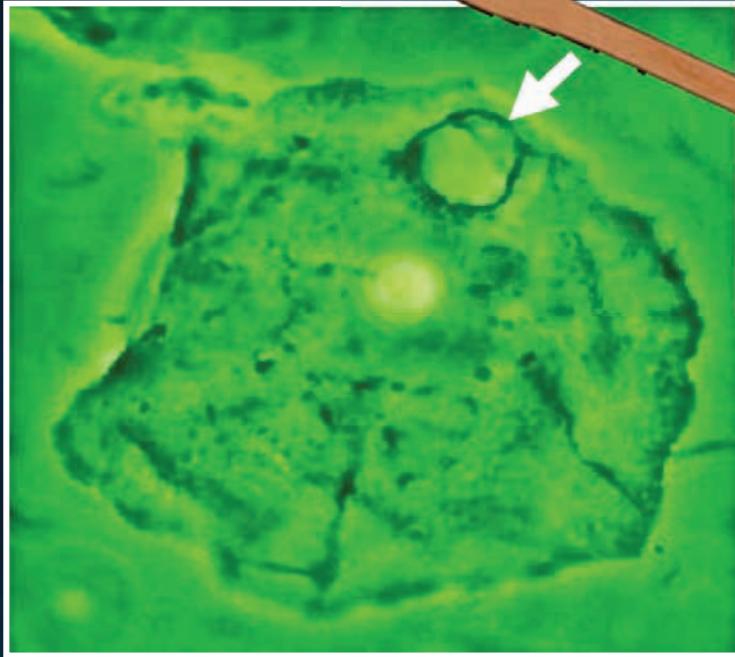


hole



hole

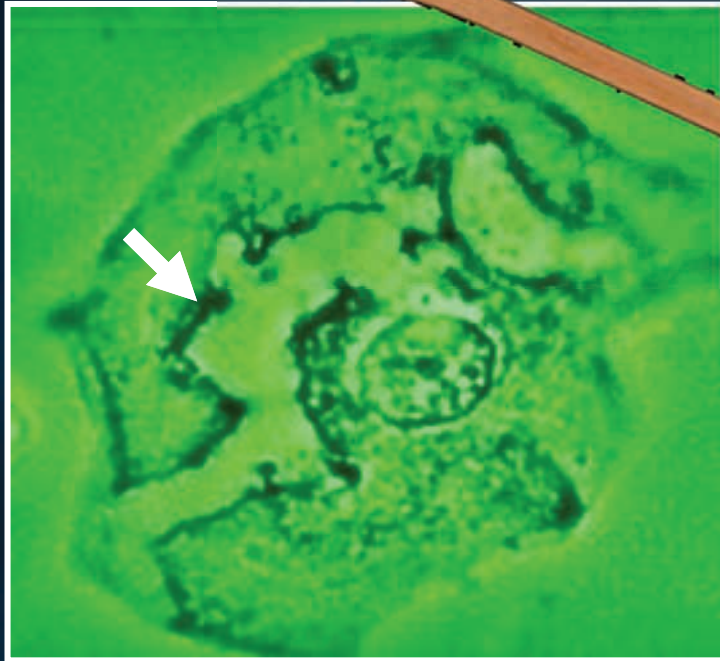
## BUCCAL wet mount



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



## RECTAL wet mount



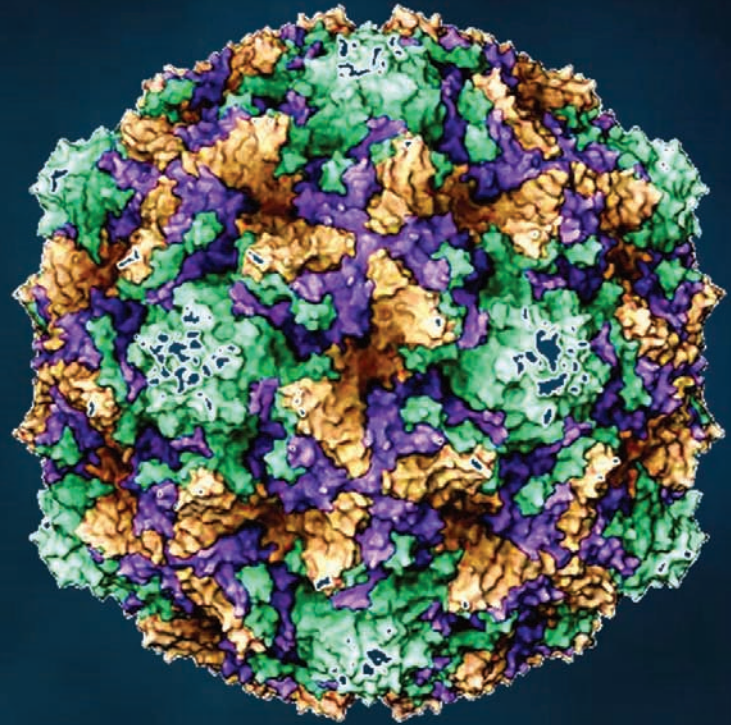
Candida **cytopathy**:  
cytoplasmic **holes**



Human

Papilloma

Virus



# Human Papilloma



# Virus is the

**most common** sexual

**transmitted** infection



condyloma **acuminatum** of the palate





condyloma **acuminatum** of the tongue



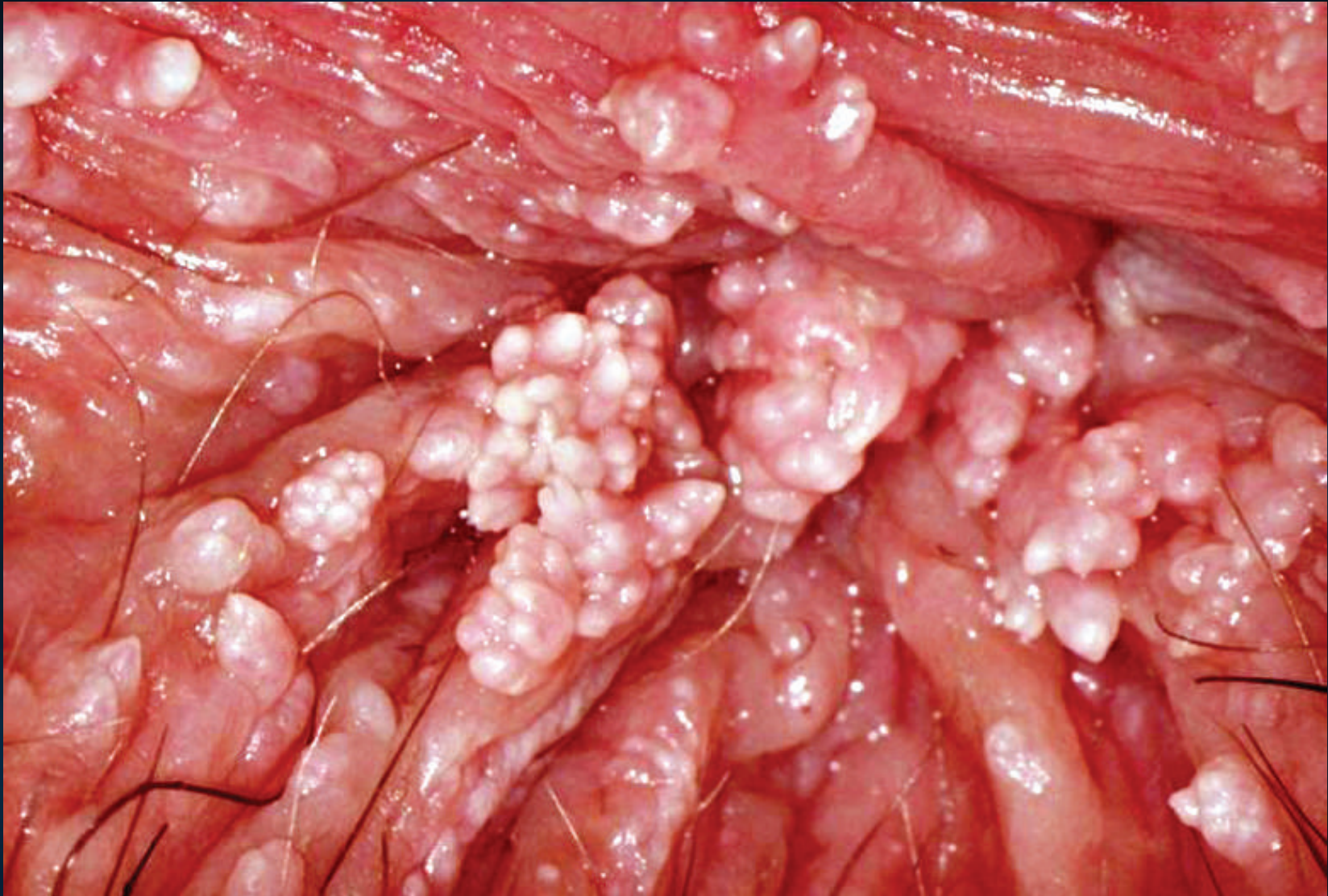


hymenal **flat** condyloma



perianal **flat** condyloma



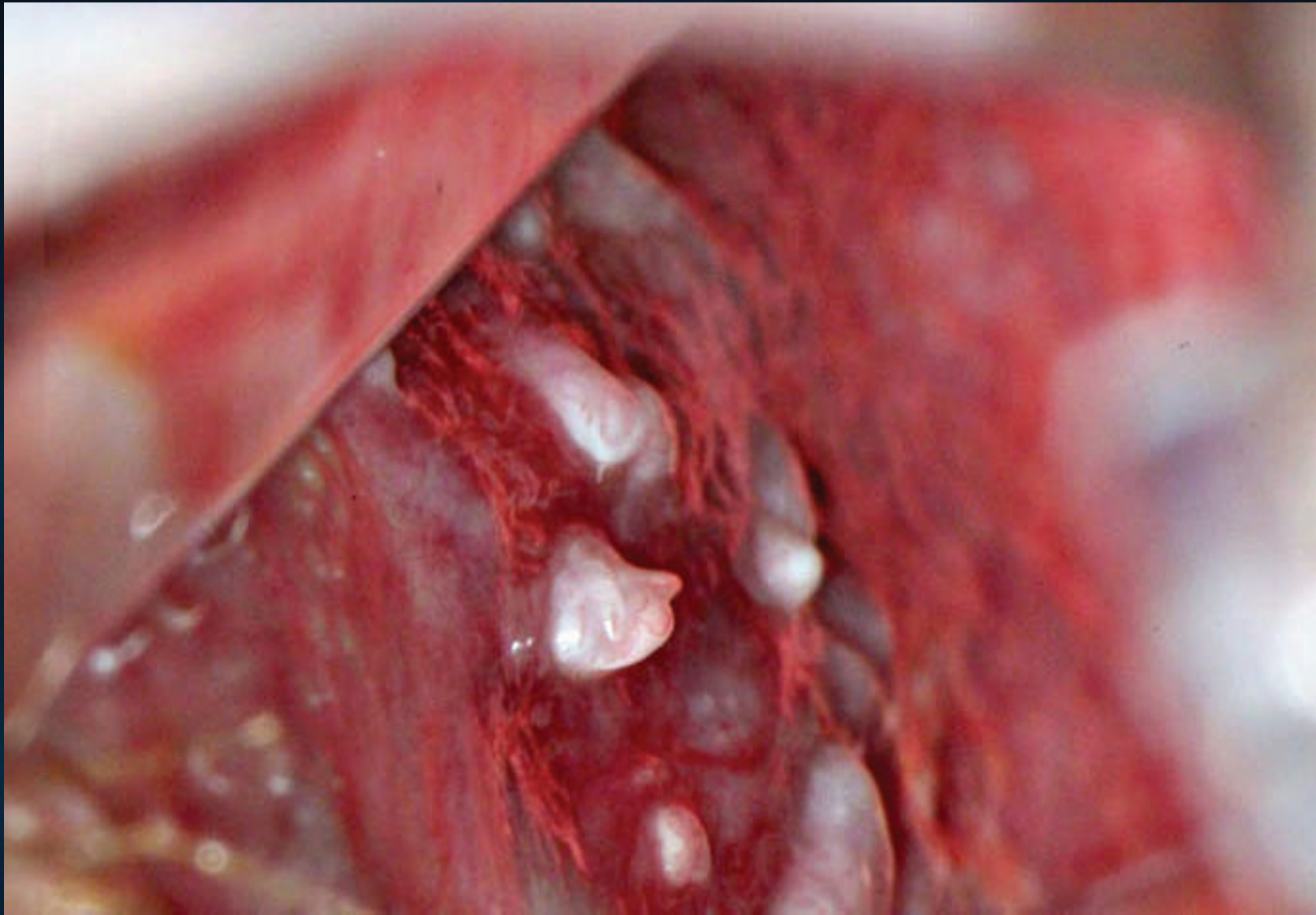


**anal** florid condyloma



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



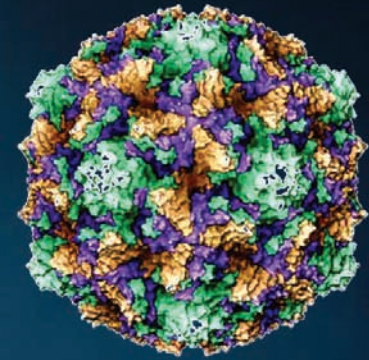


**rectal** florid condyloma



**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

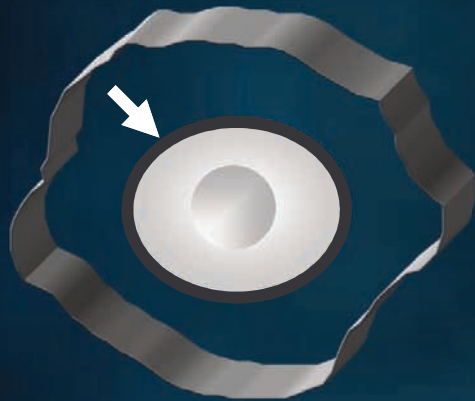




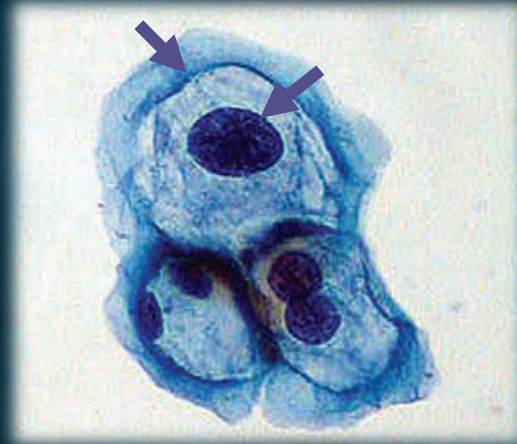
Direct microscopy  
may represent  
the only warning  
signal in patients  
not referred  
for Pap smear



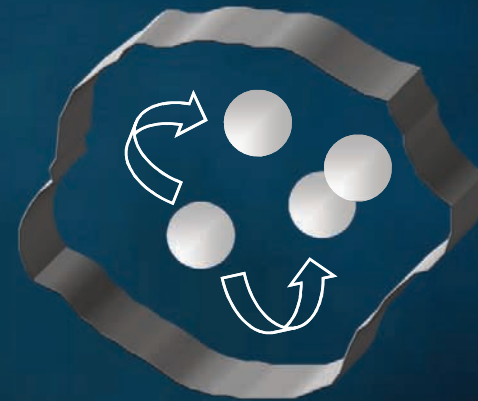
# HPV-related **CELL** findings



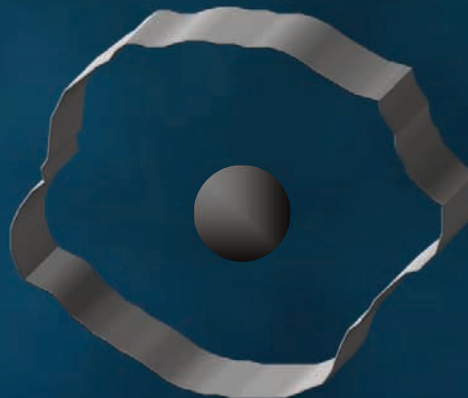
**koilocyte**



Pap smear



**multinucleation**

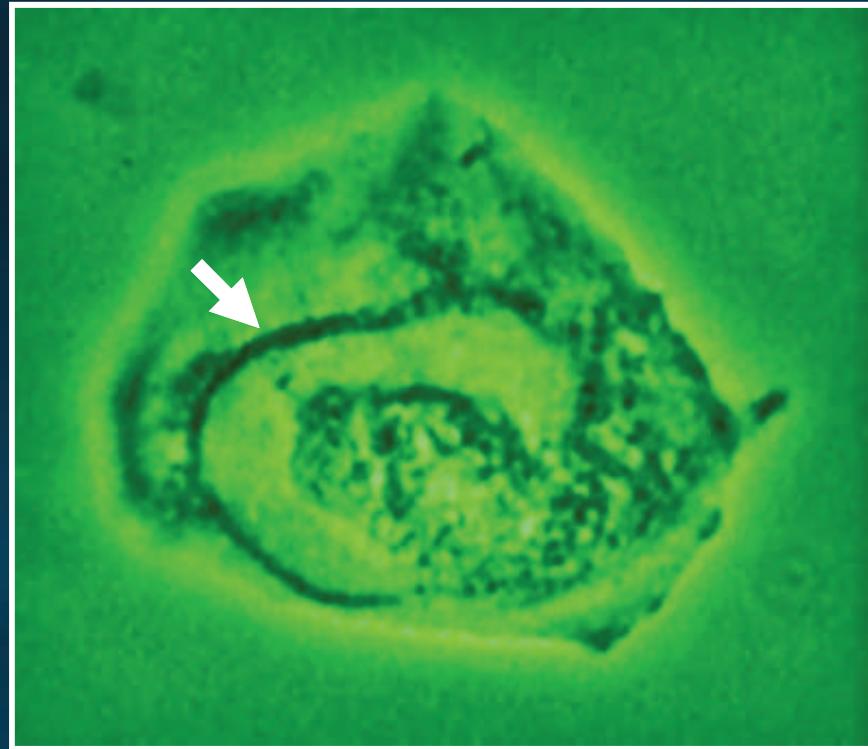


**dark nucleus**

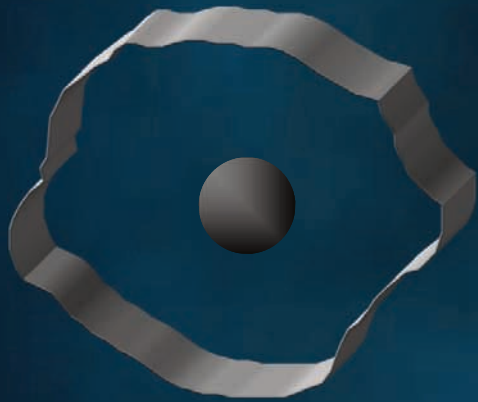
WET mount



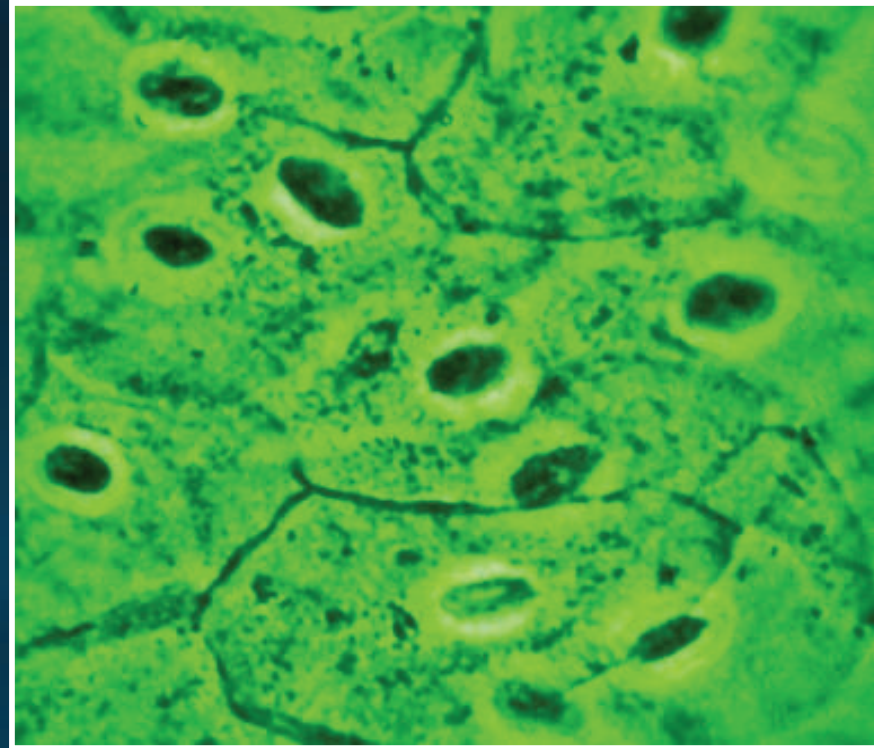
koilocyte



# WET mount

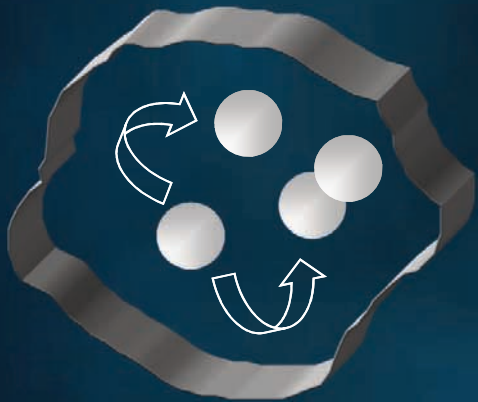


dark nuclei

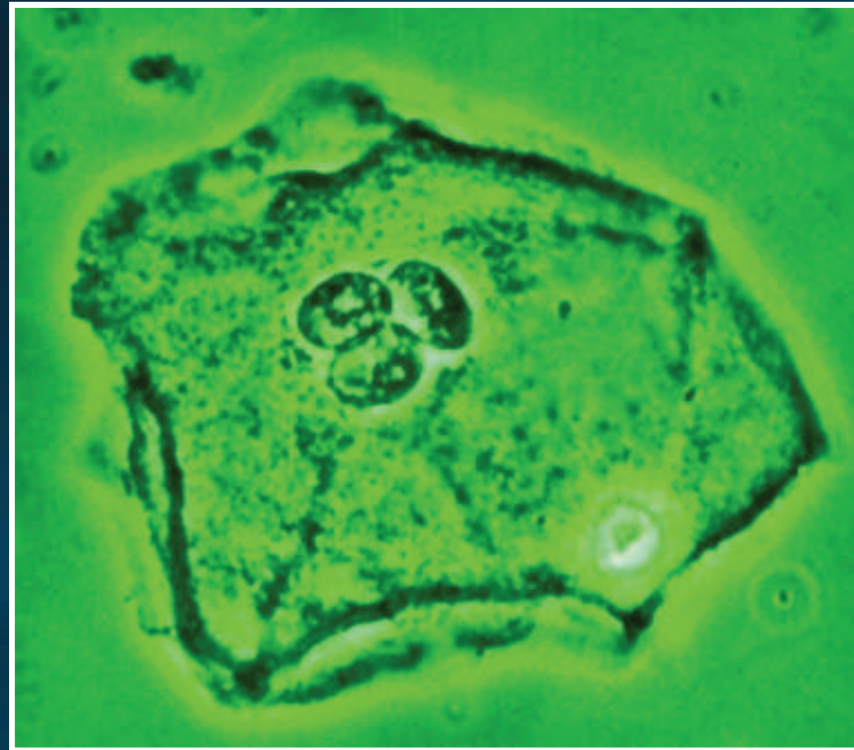




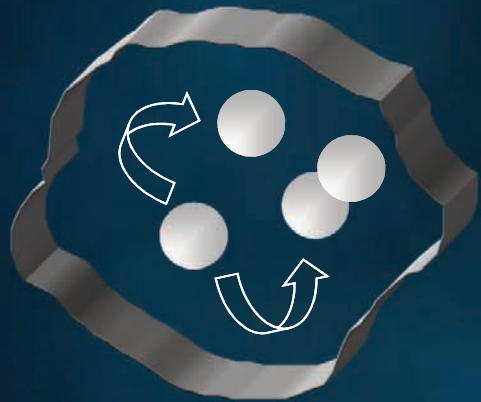
# WET mount



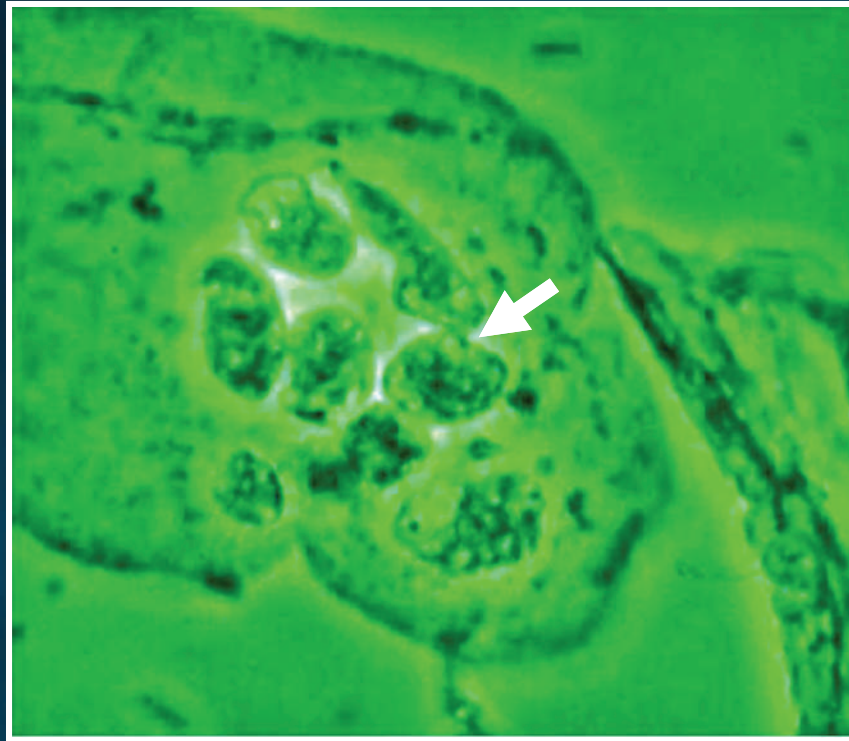
multinucleation



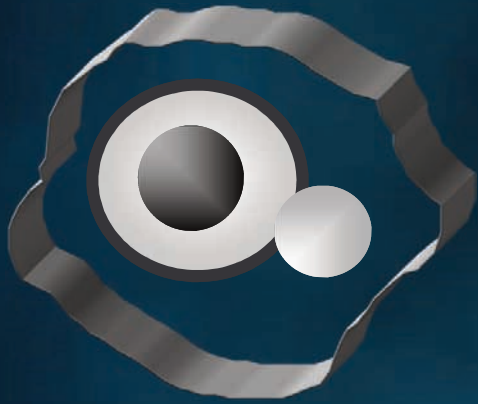
# WET mount



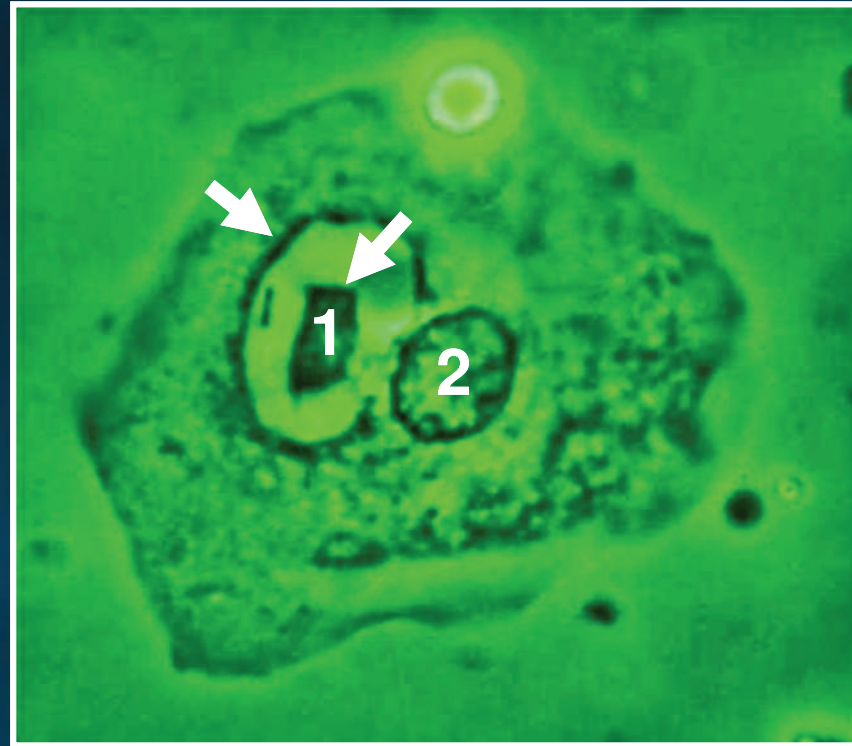
multinucleation



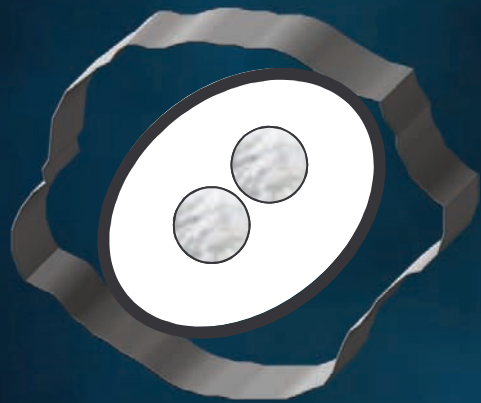
## combined findings



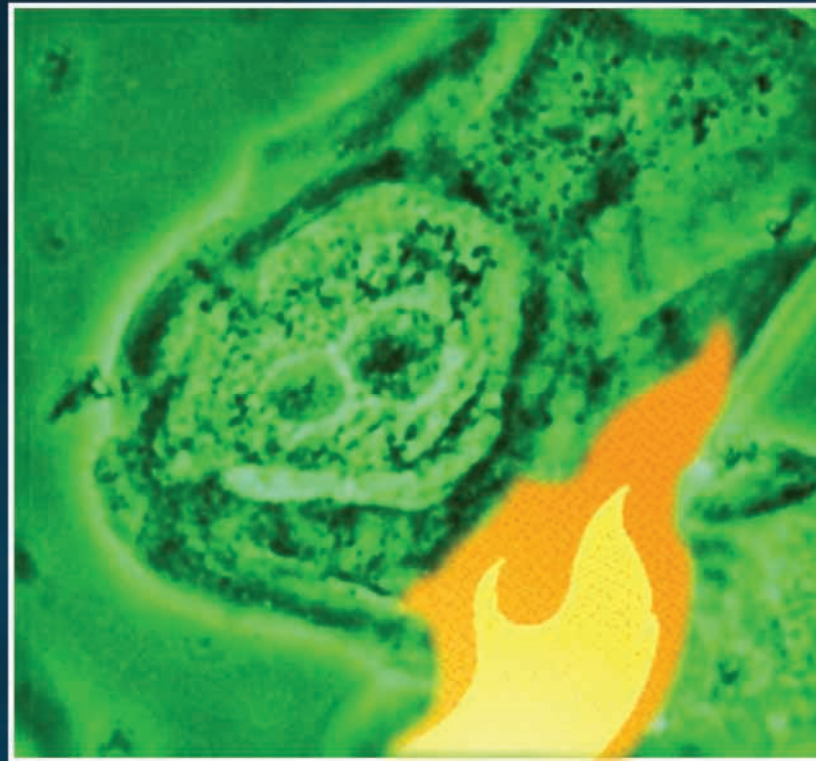
koilocyte  
&  
dark nucleus  
&  
binucleation



dyskaryotic cells



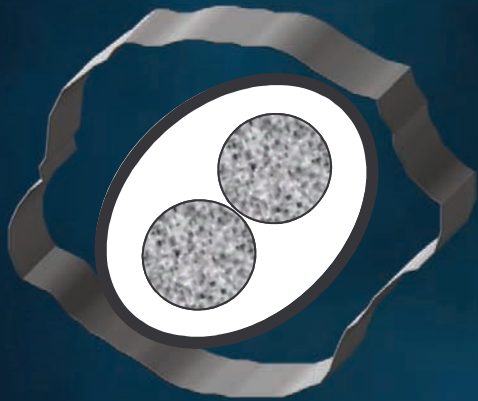
koilocyte  
&  
binucleation



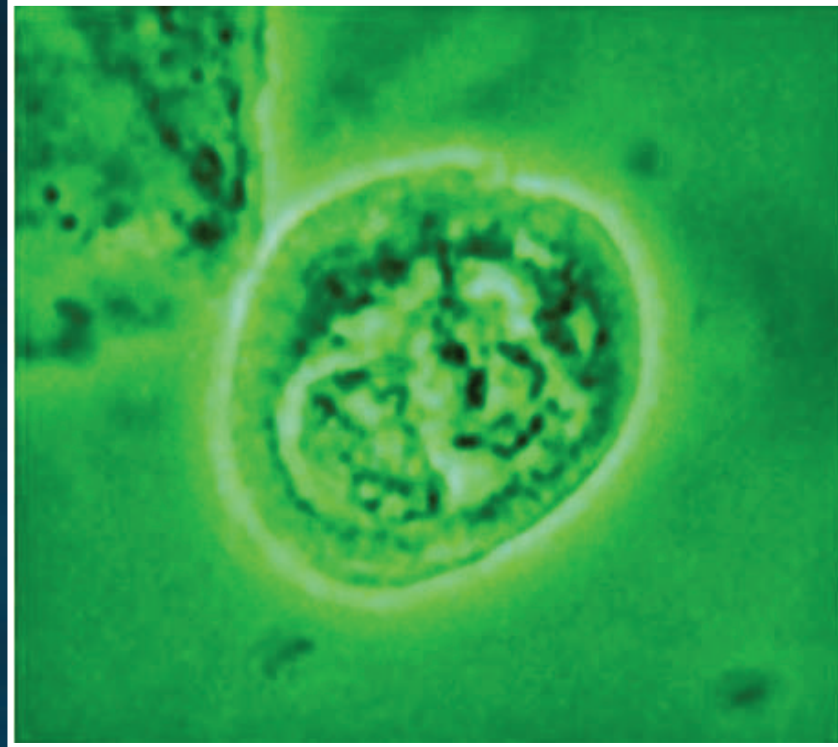
CIN 1/HPV



# dyskaryotic cells

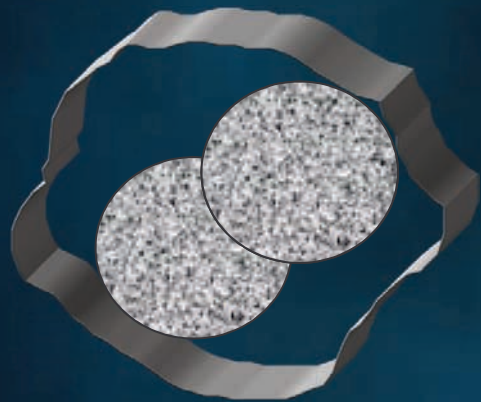


koilocyte  
&  
binucleation  
with altered N/C R

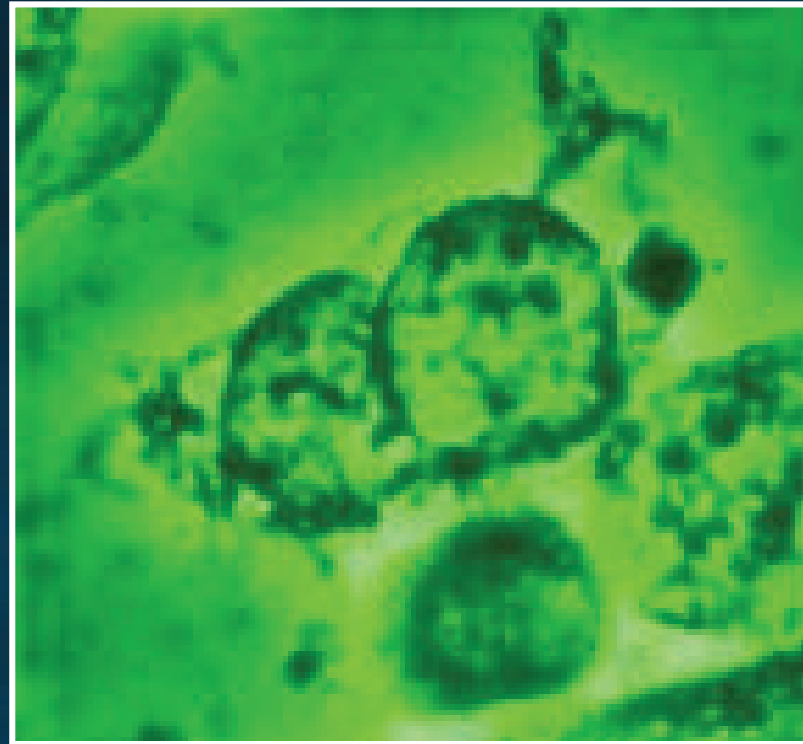


CIN 2

# 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



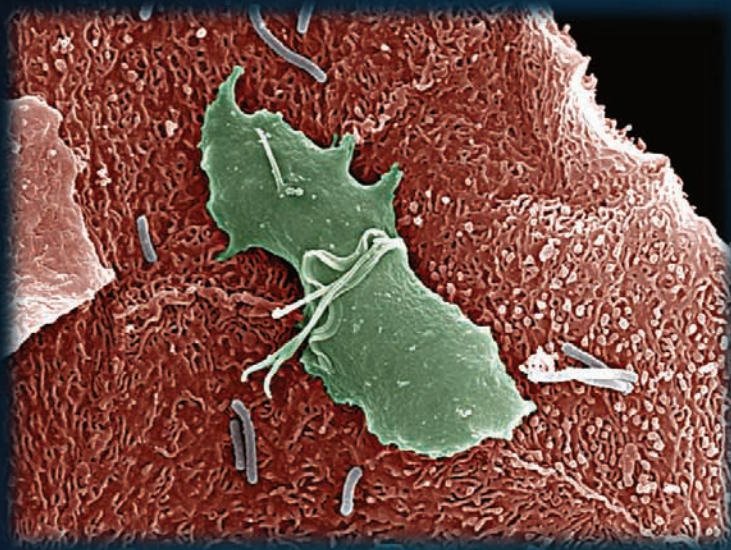
## Bacterial Vaginosis (40%-50%)



Trichomoniasis  
(15%-20%)

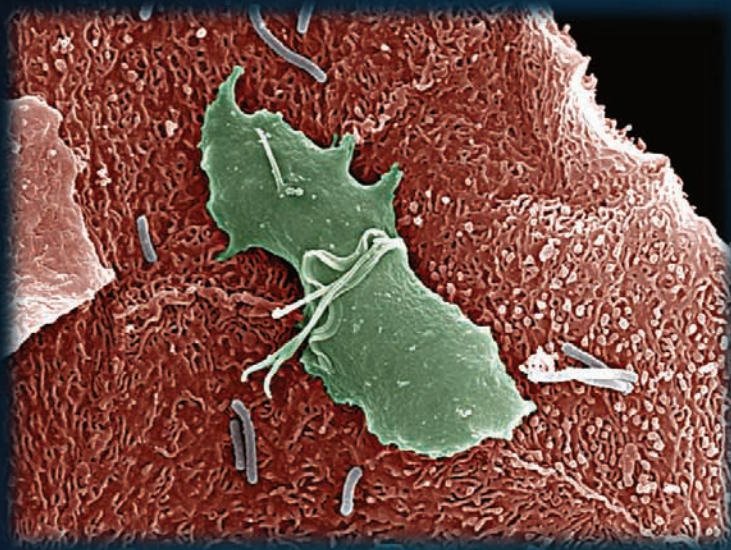
Candidiasis  
(20%-25%)





Trichomoniasis  
is the  
most common  
non-viral sexually  
transmitted pathogen





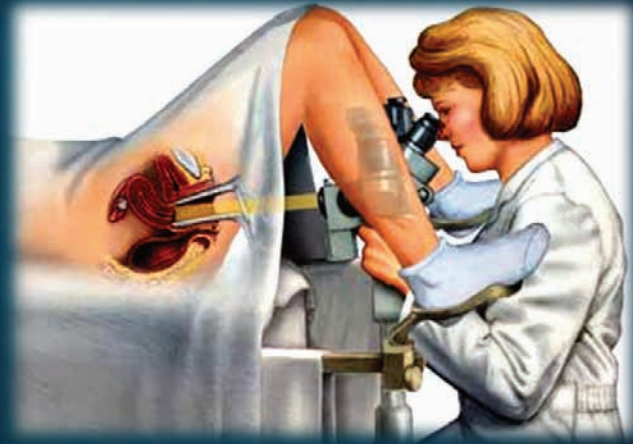
The WHO has  
estimated that  
more than **160**  
**million people** worldwide  
are annually infected

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

## TRICHOMONAS v.

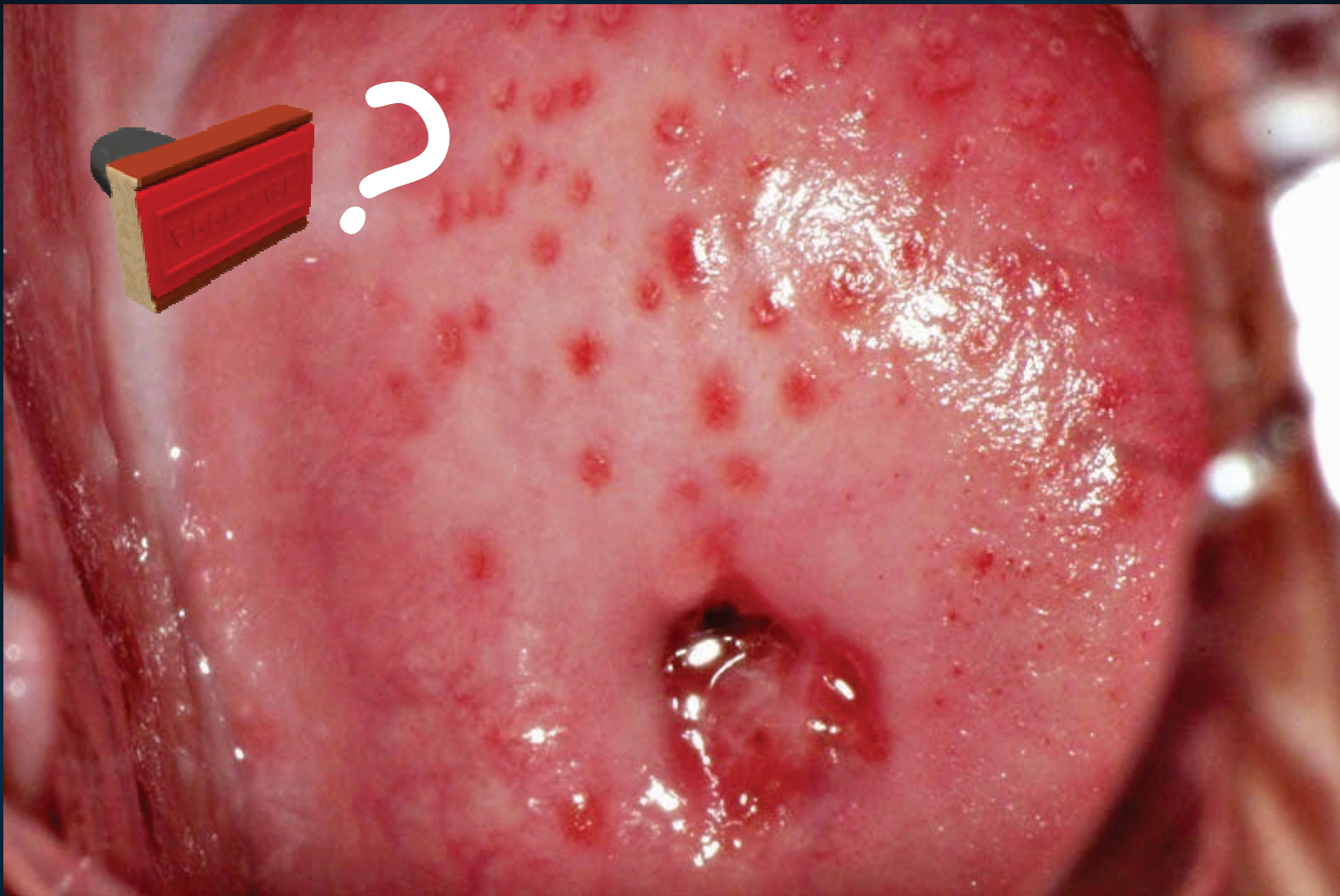
### colposcopy:

- subepithelial punctate petechiae



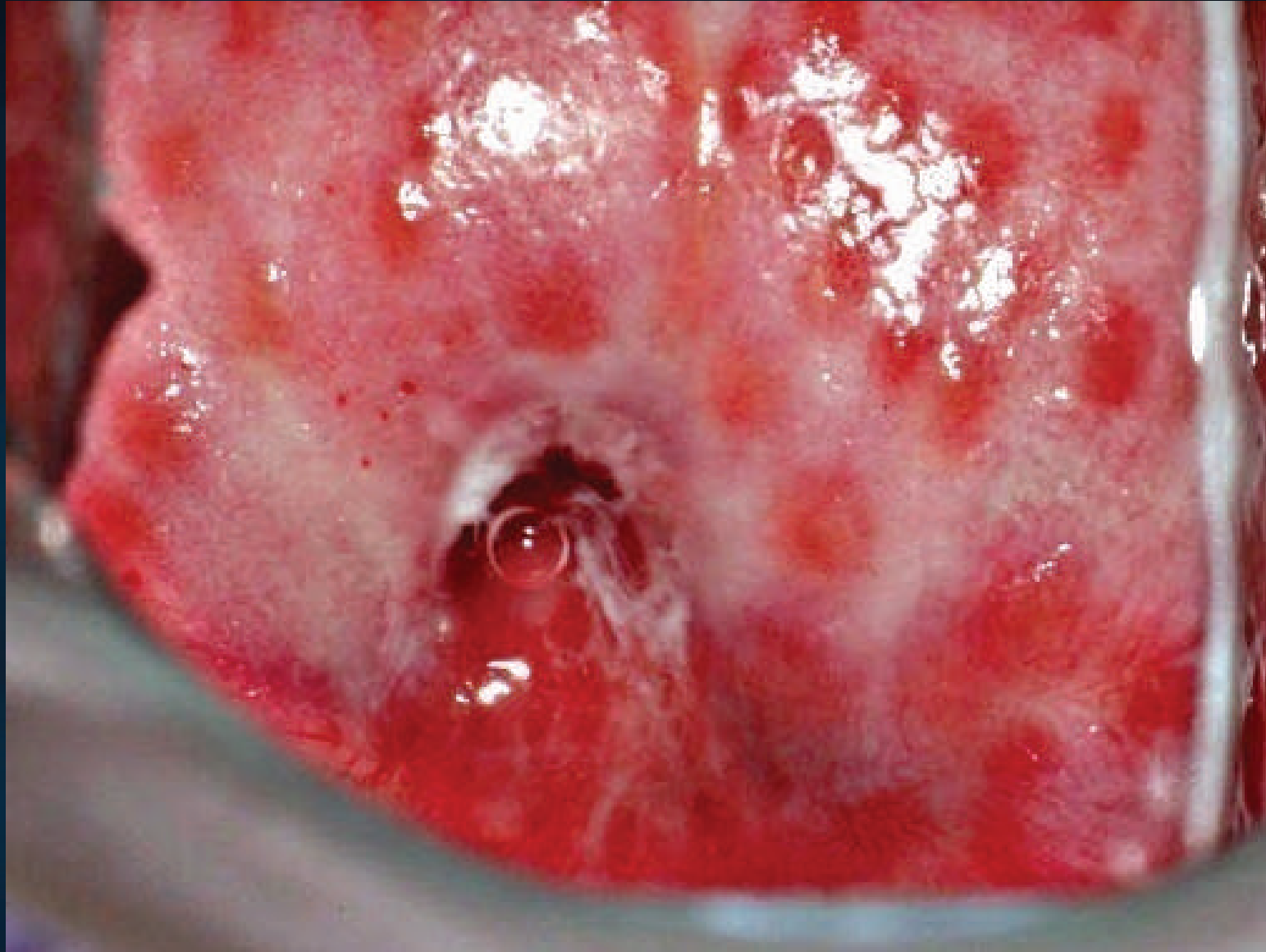
strawberry appearance





**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



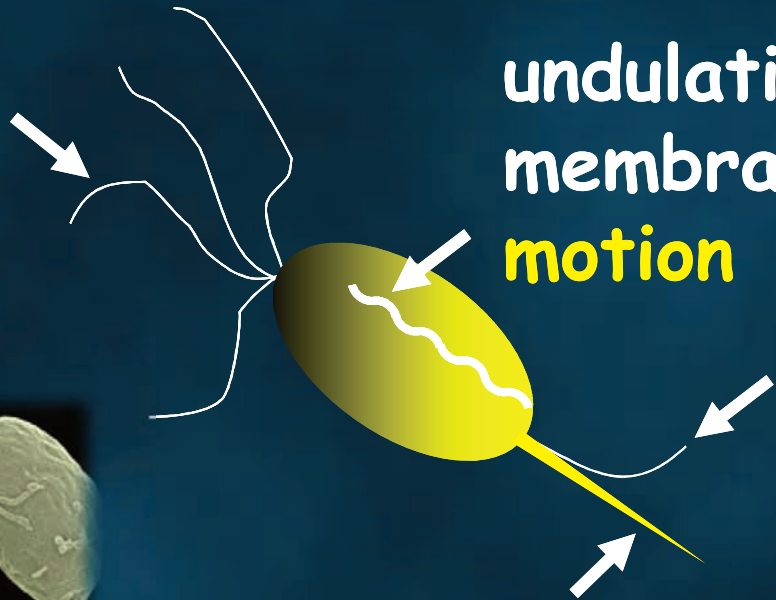
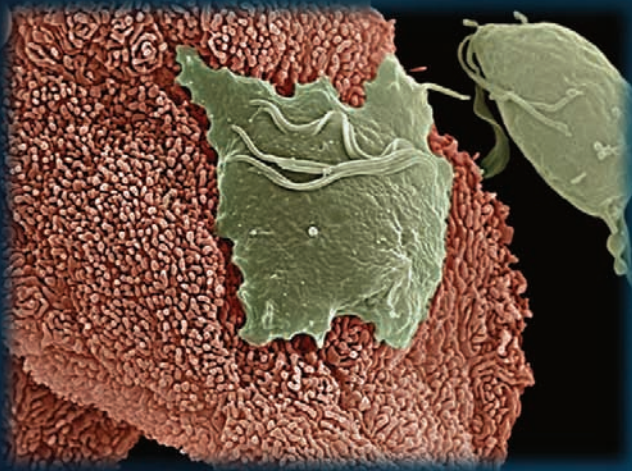
# TRICHOMONAS vaginalis

anterior  
flagella:  
**motion**

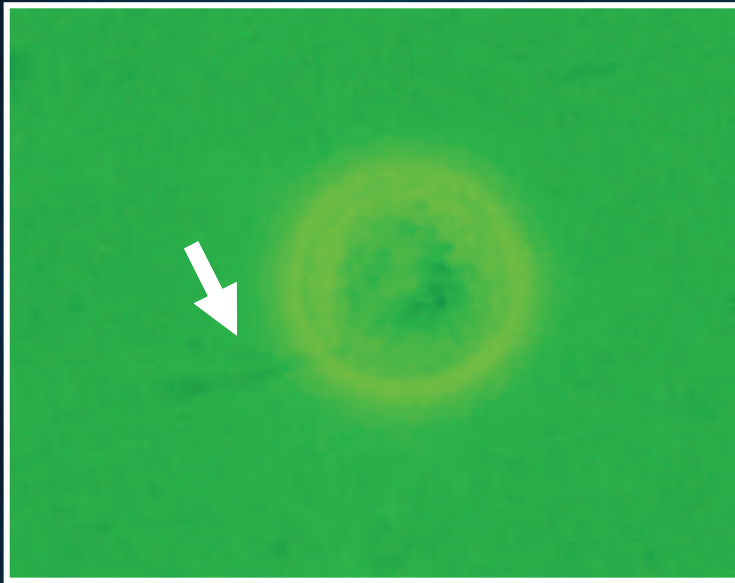
undulating  
membrane:  
**motion**

posterior  
flagellum:  
**?**

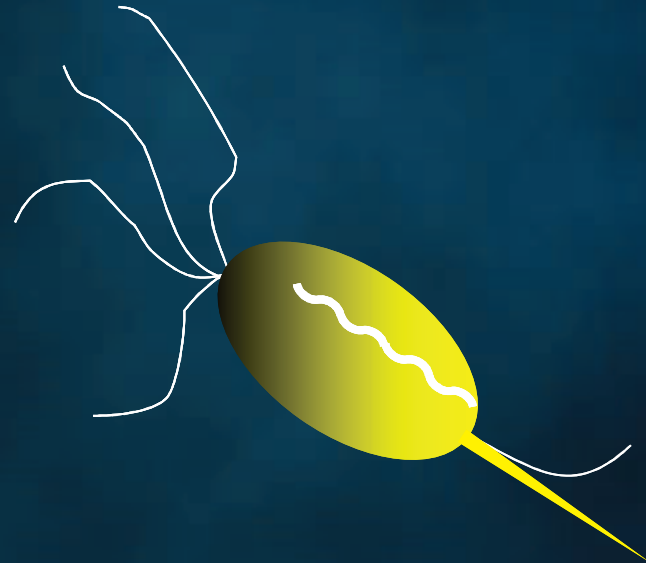
axostyle:  
**cytadherence and  
tissue damage**



# TRICHOMONAS vaginalis

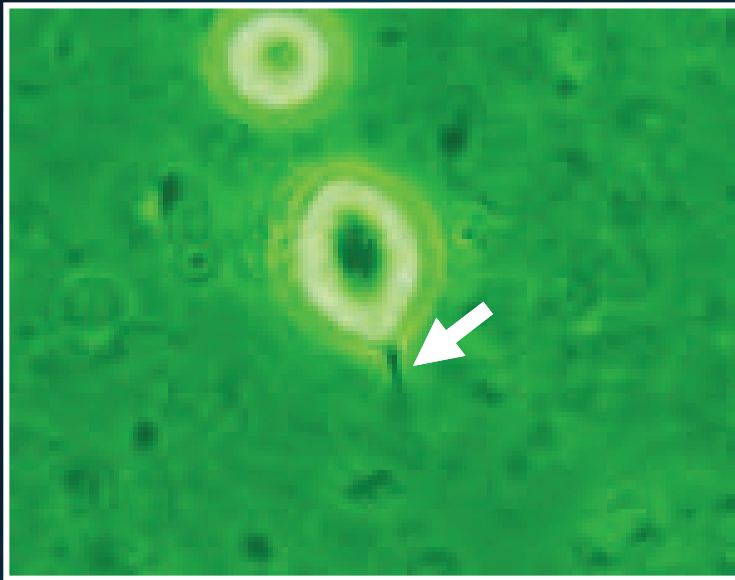


anterior **flagella**

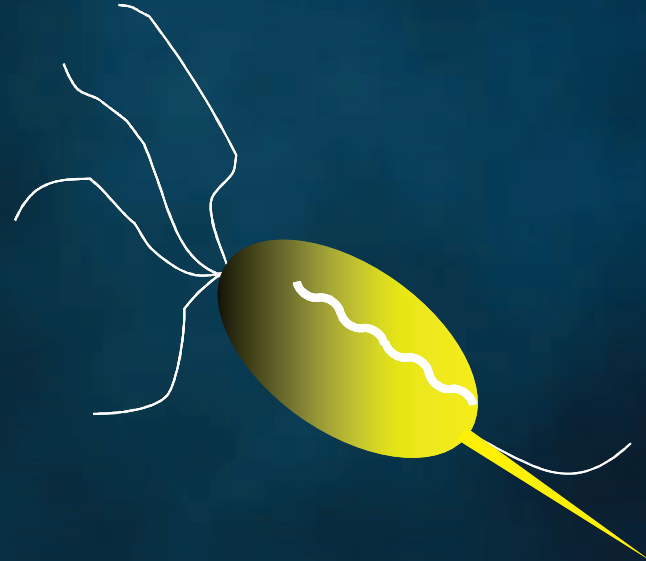




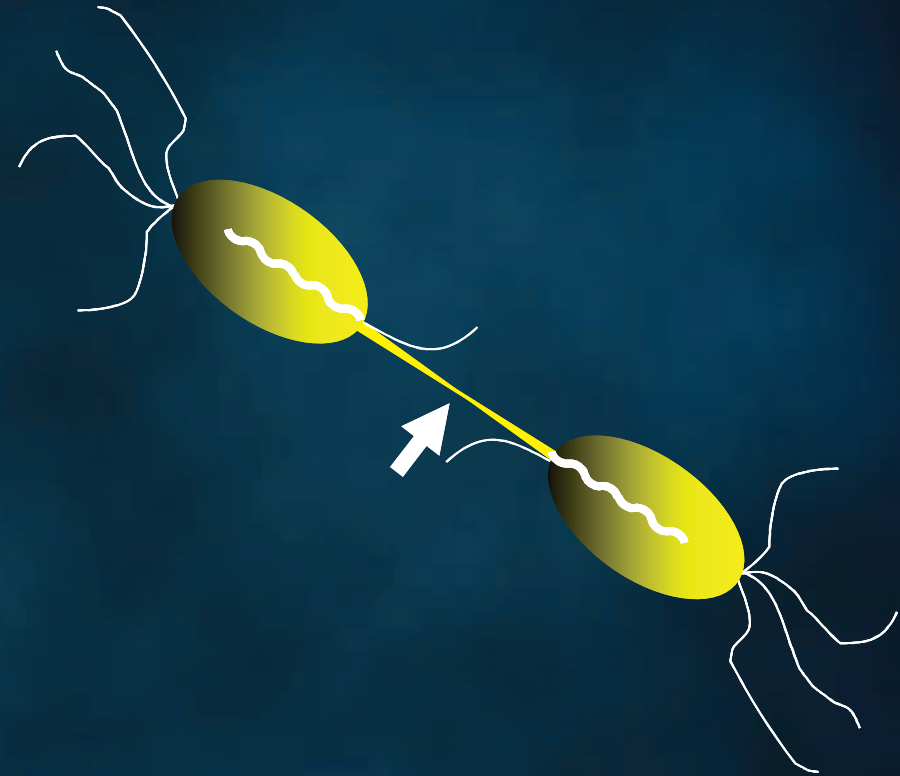
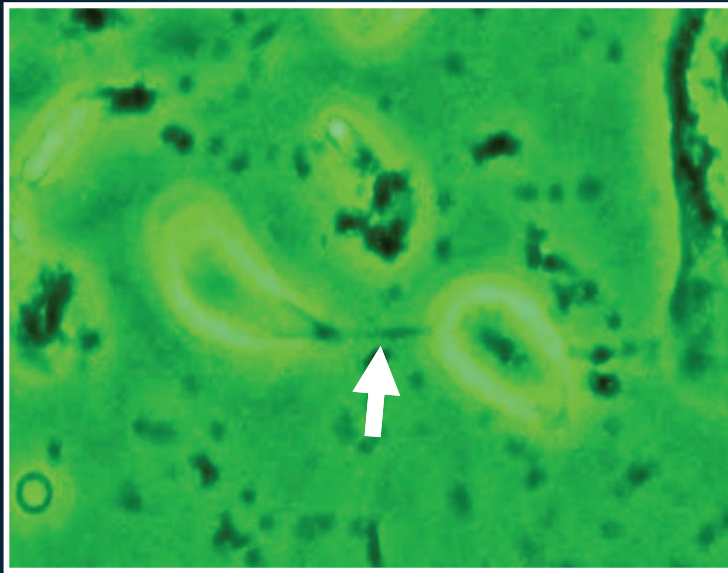
# TRICHOMONAS vaginalis



axostyle

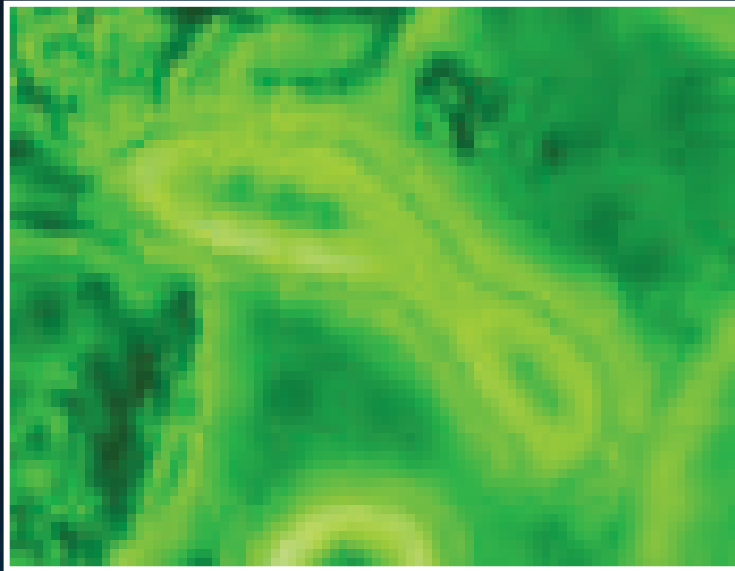


# TRICHOMONAS vaginalis

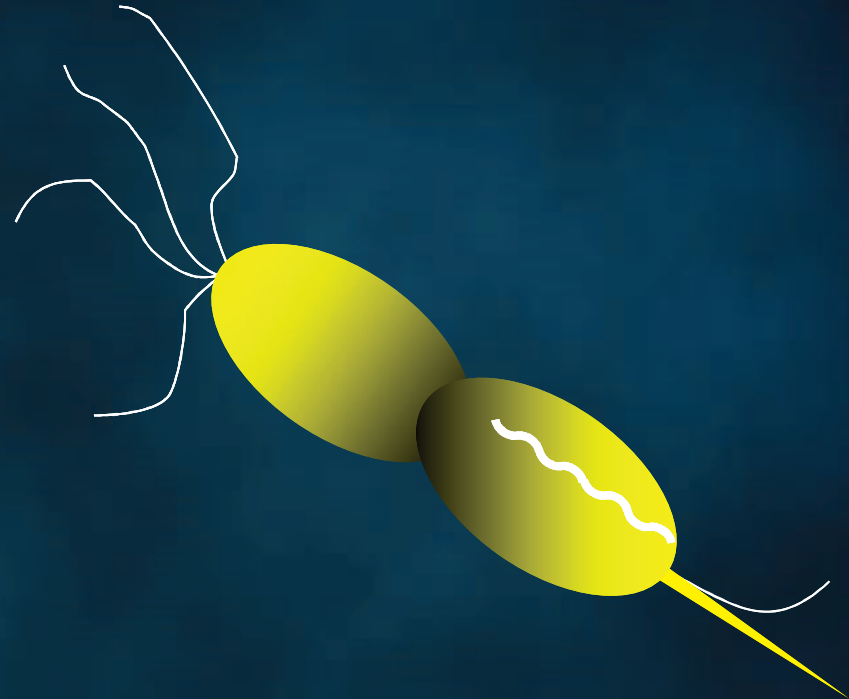


connecting axostyles

# TRICHOMONAS vaginalis



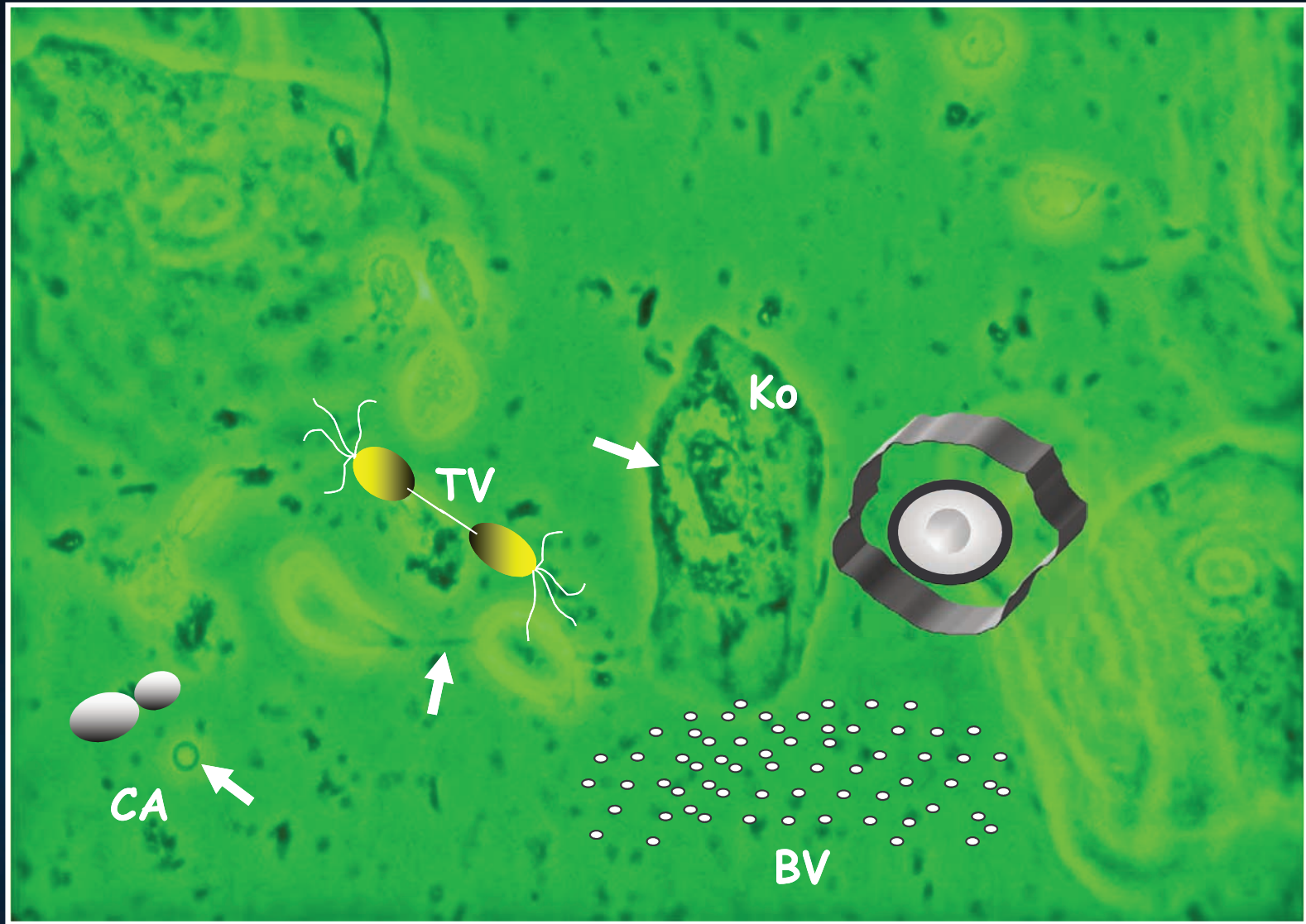
duplication

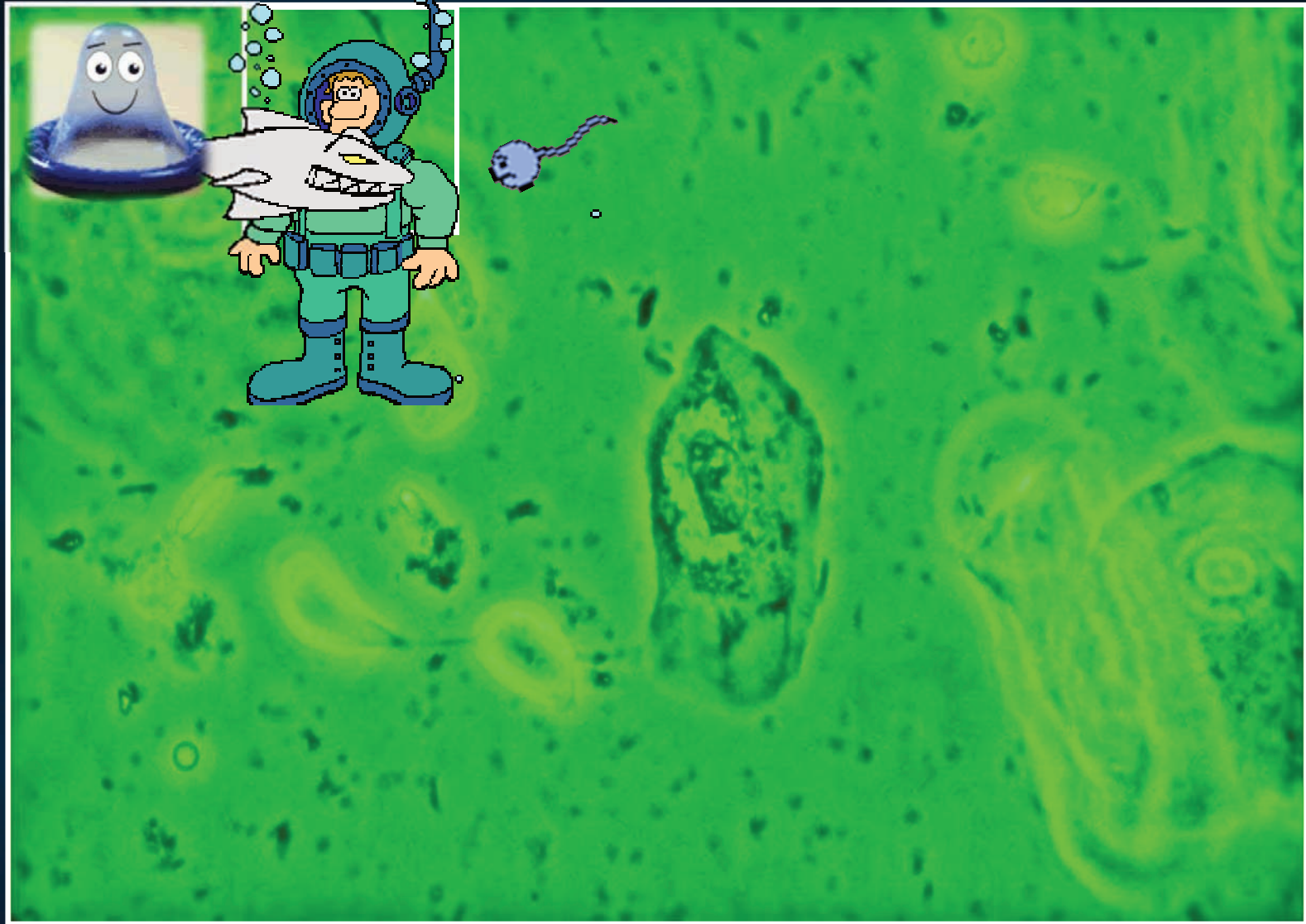




**strawberry** appearance









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

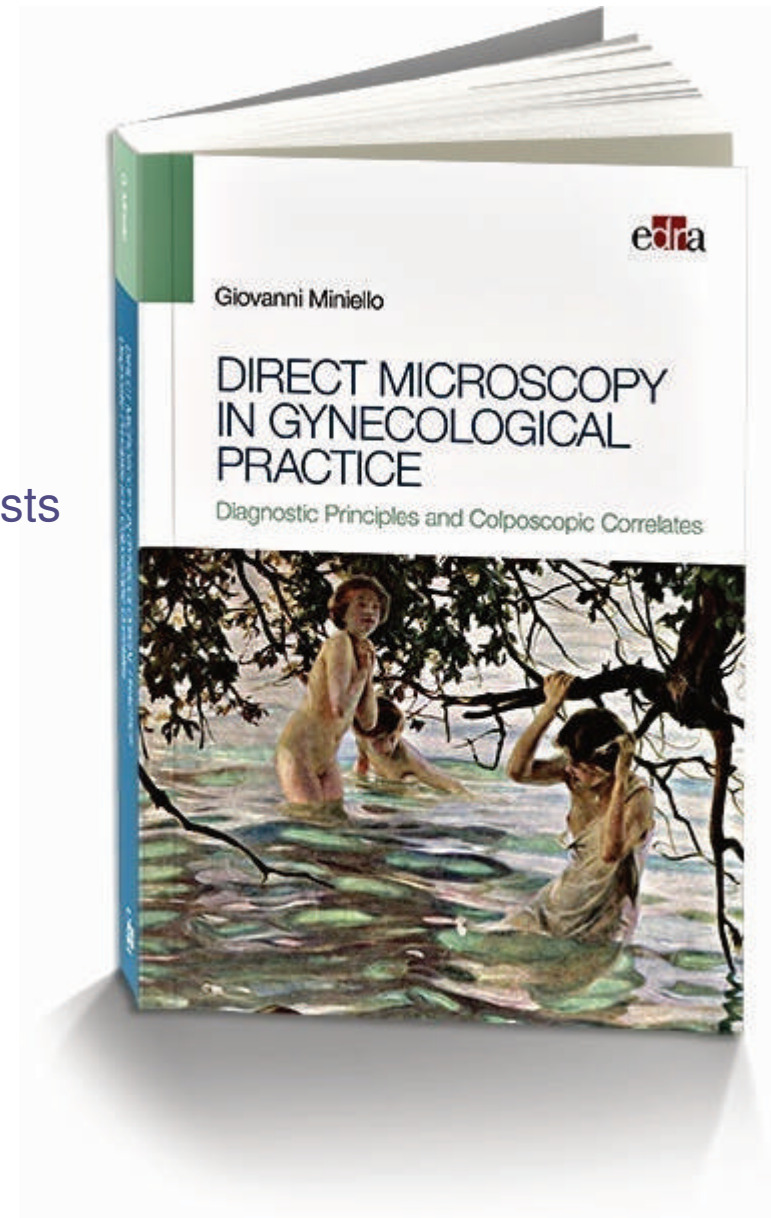
**Usha Saraiya**

Founder Member and President Indian Academy of Cytologists

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

**Sabaratnam Arulkumaran**

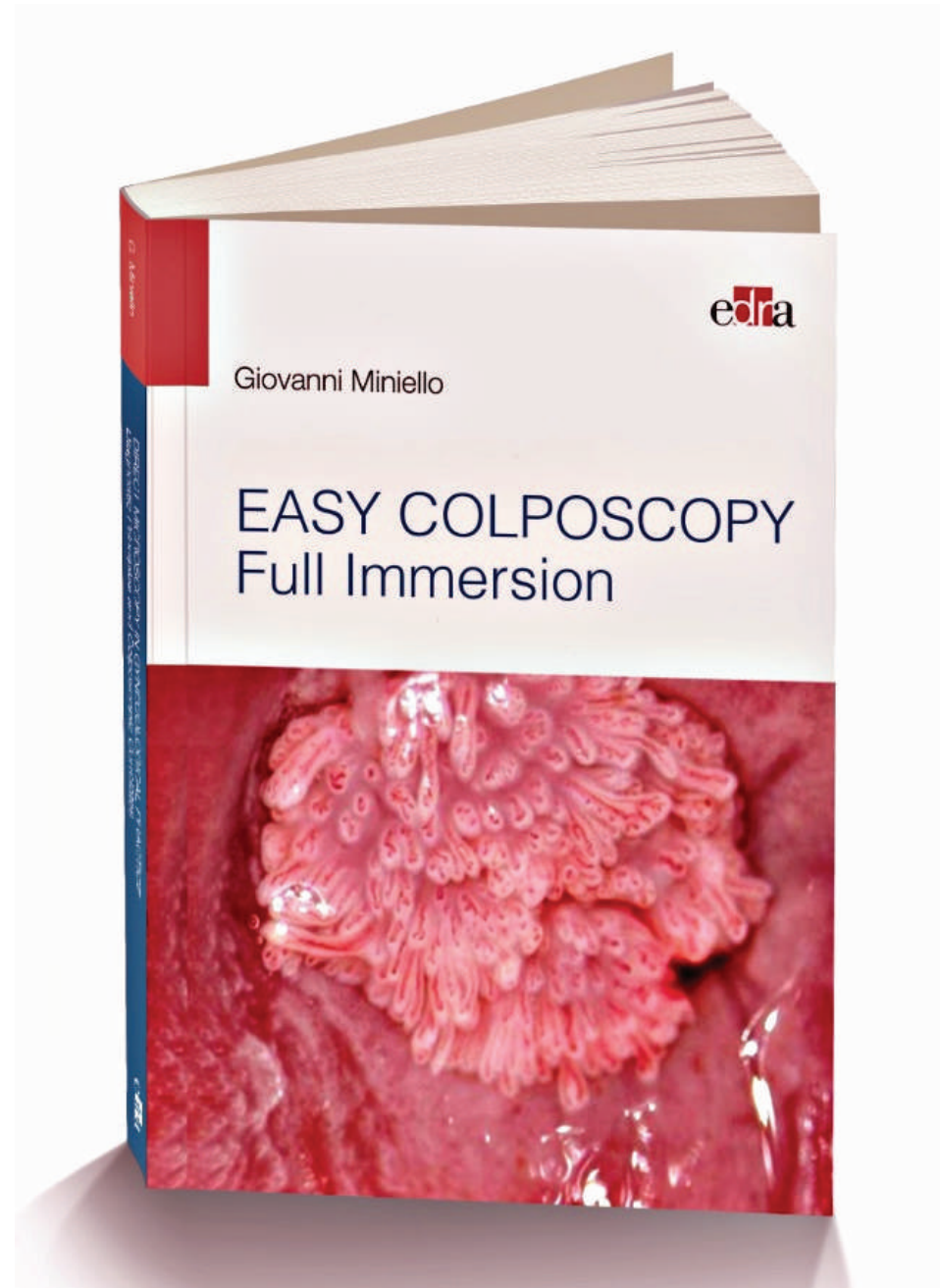
Past President FIGO



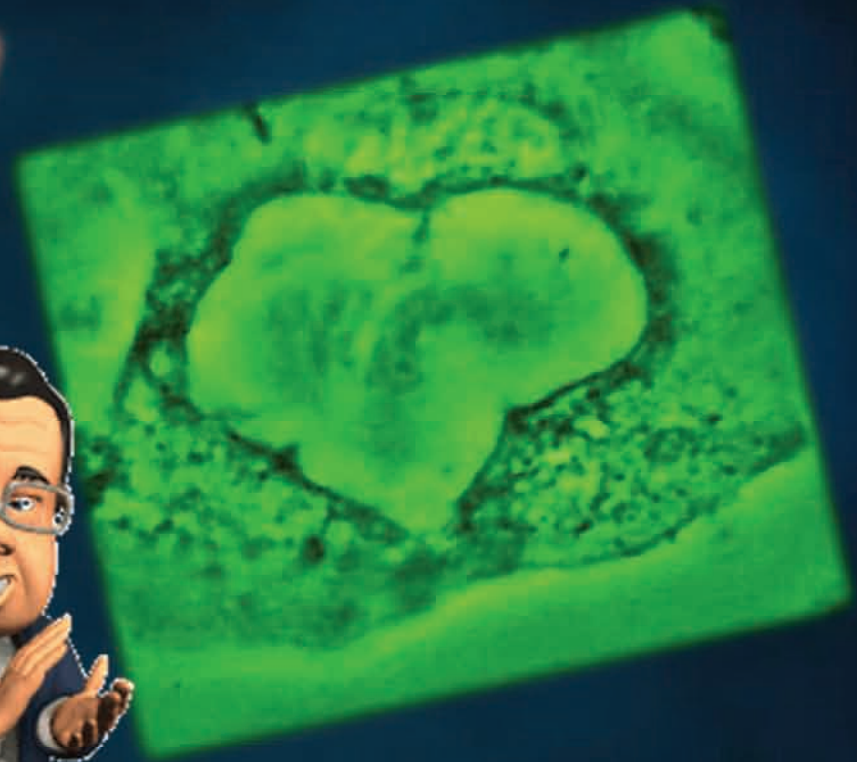
I had not seen  
such high  
standard  
of colposcopy  
photographs

**Albert Singer**

Whittington Hospital,  
London







**GOOD JOB**