

OCCURRENCE OF VAGINAL CANDIDIASIS AND PROPHYLACTIC AND CURATIVE ALTERNATIVES

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Abstract: Candidiasis is one of the main vulvovaginitis in women of reproductive age, with greater occurrence during the gestational period. Classification of recurrent vulvovaginal candidiasis occurs when there are at least four specific episodes in a year or at least three episodes not related to the use of antibiotics during the same period. This study sought to address recurrent vaginal candidiasis, also exploring the socioeconomic context of the population and the individual characteristics of each woman, as well as the ideal medication for each condition.

INTRODUCTION

Menacme is the period between menarche and menopause, that is, the woman's entire menstrually active period. In this phase, the occurrence of vulvovaginitis, mainly candidiasis, is common. During the gestational period, this pathology becomes even more frequent.

The main etiological agent of this disease is *Candida Albicans*, which causes 85% of cases of vulvar and vaginal candidiasis. This agent manifests itself mainly in patients who fit into the following:

- Antibiotic therapy;
- Diabetes Mellitus,
- Previous history of vvovaginal candida;
- Over 45 years old.

As predisposing factors to infection, it is worth mentioning:

- Administration of oral contraceptives with high doses of estrogen;
- Antibiotic therapy;
- Diabetes mellitus;
- Gestation;
- Obesity;
- Thyroid diseases;
- Chronic use of corticosteroids;
- Use of immunosuppressive drugs;
- Use of Intra Uterine Devices;

In time, it is worth mentioning that, in the

vulvovaginal region, there is the presence of lactobacillus that produce hydrogen peroxide, which generate lactic acid, providing adequate acidity to the vaginal environment. This whole dynamic thus favors the protection of the intimate region against invading pathogens. All the aforementioned predisposing factors directly interfere with vaginal acidity, favoring the development of candidiasis.

It is known that, unfortunately, the recurrence of candidiasis in Brazil is high. According to the WHO, 50% of women over the age of 25 have at least one case of candidiasis throughout their lives. Of these, 5% will have recurrent vulvovaginal candidiasis, that is, one that appears at least four times in the annual period or three episodes without correlation to antibiotic therapy in the period of one year.

GOAL

To address forms of treatment for recurrent vaginal candidiasis, focused on the prevention and cure process.

METHODOLOGY

The present work consists of a qualitative literature review that sought to address results found in research on the gynecological theme, whether in a comprehensive, orderly or systematic way. To carry out the work, the following steps were followed:

1. Selection of the corresponding themes;
2. Selection of samples found and used;
3. Analysis of the characteristics of the original research;
4. Analysis of the obtained results;
5. Carrying out the review.

The scientific literature databases and the techniques used in carrying out the review were Google Scholar, Scientific Electronic Library Online (SciELO), Virtual Health Library, Latin American and Caribbean Literature in Health Sciences (LILACS). Thus, the present work seeks not only to analyze the

gynecological interface within the different possible thematic points to be approached, aiming to shed light for an educational path, clarifying and raising awareness about the forms and importance of adequate treatment.

DISCUSSION

The period between menarche and menopause is known as menacme, characterized by the maintenance of menstrual activity in women. During this interval, it is commonly seen the occurrence of vaginal pathologies, such as vulvovaginitis, with emphasis on the prevalence of candidiasis. During pregnancy, there is an increase in the incidence of this pathology. *Candida Albicans* plays a key role as the causative agent of this disease, accounting for approximately 85% of cases of vulvovaginal candidiasis.

It is worth mentioning that, in the vulvovaginal region, lactobacillus are present and are responsible for the production of hydrogen peroxide, which produces lactic acid, which maintains an adequate vaginal pH to protect against pathogens. Predisposing factors influence vaginal acidity, promoting the appearance of candidiasis.

Unfortunately, in Brazil, the recurrence of candidiasis is high. According to the WHO, more than half of women over the age of 25 face at least one episode of candidiasis throughout their lives. Among these, 5% experience the recurrent form, with four or more annual episodes, regardless of antibiotic treatment.

In view of the high incidence and the risk factors that can be commonly found, certain therapeutic strategies for recurrent candidiasis have been established. They are listed below:

TREATMENT MEDICATION	APPROPRIATE DOSAGE
FLUCONAZOLE	150 mg oral - single dose
KETOCONAZOLE	200 mg oral 1 time a day per 14 days 400 mg oral 1time a day per 14 days
CLOTRIMAZOLE	100-mg pills intravaginal per 7 days
TERCONAZOLE 0.8% cream	Total application intravaginal per 3 days
BORIC ACID	600-mg intravaginal two times a day per 14 days

As in medicine the focus is not only on the healing process, but also on maintaining the previously indicated treatment, the following medications were established to carry out this process:

PROPHYLAXIS MEDICATION	APPROPRIATE DOSAGE
KETOCONAZOLE	2 pills 200-mg oral per 6 days
FLUCONAZOLE	150 mg oral 1 time/ month
TERCONAZOLE 0.8% cream	Totally application intravaginal administration for 7 days
ITRACONAZOLE	1 pill 200-mg oral 1 time/month
CLOTRIMAZOLE	2 pills 100-mg intravaginal two times week per 6month

In acute episodic treatment, symptomatic relief and reduction of the *Candida* microbiota are sought, and may be administered orally or locally. In addition to prophylaxis, the prescribed antifungal must attenuate viral spread in women. For eradication of the microorganism, an antifungal with a longer treatment period can be administered.

CONCLUSION

Vulvar and intravaginal inflammation resulting from yeast infections is extremely common, especially in pregnant women. Vaginal candidiasis, although diagnosed in a simple way, with several treatment options, frequently recurs. Risk factors are being

intensively studied, and it is essential that health professionals know and understand them for efficient control and prevention. It is essential to adapt the various treatment options to the socioeconomic reality of the population and to the individual characteristics of each woman, in order to achieve significant results.

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