



Desquamative Inflammatory Vaginitis

Desquamative inflammatory vaginitis (DIV) is a cause of vulvovaginal irritation and discharge.

This is a relatively common problem, but there is little information on the causes of DIV. It is not dangerous in any way, and it is not contagious.

DIV sometimes only causes a yellow discharge, but at other times causes redness, irritation, and itching of the opening to the vagina. Pain with sexual activity can be another symptom. This happens to both young and older women.

Although DIV can feel like a vaginal infection, this is not an infection. The redness and discharge result from irritation of the vaginal walls. The reason for this irritation is not known, but many people believe this irritation is caused by an over-active immune system. The immune system, that part of the body that fights off infection, becomes over-active and mistakenly attacks the vaginal skin or normal bacterial in the vagina.

This diagnosis is made by the presence of a discharge that, under the microscope, shows inflammation (increased white blood cells), when there is no specific skin disease in the vagina

or infection on vaginal cultures. Occasionally, a culture shows bacteria called group B streptococcus, but Group B strep is normal in many women, and it is unrelated to a strep throat or “flesh-eating strep.”

The treatment is either cortisone or clindamycin cream or suppository inserted into the vagina at bedtime. Cortisone is very effective for inflammation, and although clindamycin cream is an antibiotic, it also is useful for inflammation even in the absence of infection. For example, clindamycin is used for acne, another inflammatory skin problem that is not caused by an infection.

While occasionally, this treatment cures DIV, more often, a cortisone or clindamycin has to be used either off and on, or once or twice a week to control the symptoms of DIV. And, sometimes DIV goes away for not obvious reason.