

INFECÇÕES EM GINECOLOGIA: CANDIDÍASE DE REPETIÇÃO

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**31 MAIO
A 2 JUN
2018**

XIX CONGRESSO SUL-BRASILEIRO
DE GINECOLOGIA E OBSTETRÍCIA
IV JORNADA SUL-BRASILEIRA
DE MASTOLOGIA





DECLARAÇÃO DE CONFLITO DE INTERESSE:

**NORMA 1595/2000 DO CONSELHO FEDERAL DE MEDICINA
RESOLUÇÃO RDC 102/2000 DA AGÊNCIA NACIONAL DE VIGILÂNCIA
SANITÁRIA**

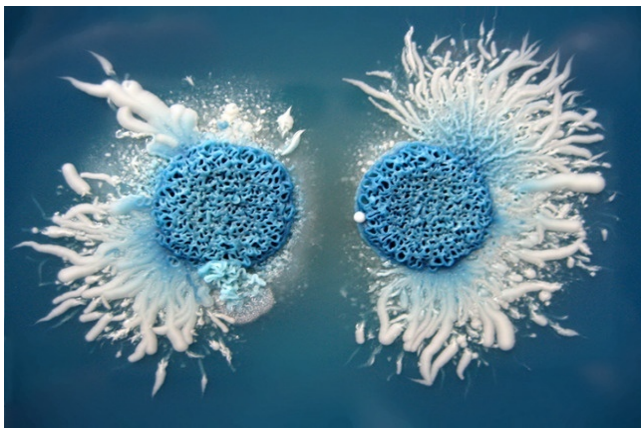


A ARTE DA MEDICINA... COISA DO PASSADO?

INTRODUÇÃO

- CVVR = “Infecção desafiadora” (Matheson e Mazza, 2017)
- Resulta em piora na qualidade de vida...
- Ao que tudo indica: PREVENÍVEL !

INTRODUÇÃO



75%

→ 1 episódio no menacme

40-50%

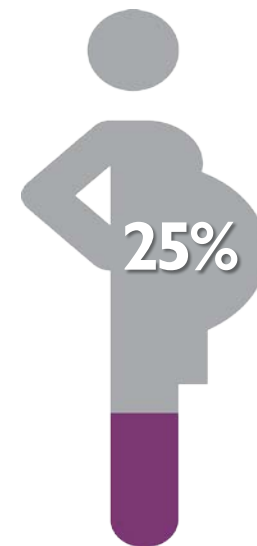
→ mais de 1 episódio

5%

→ episódios de repetição

E ainda...

25% das grávidas



FORMAS DE APRESENTAÇÃO

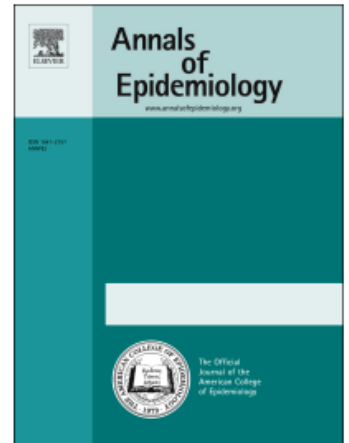
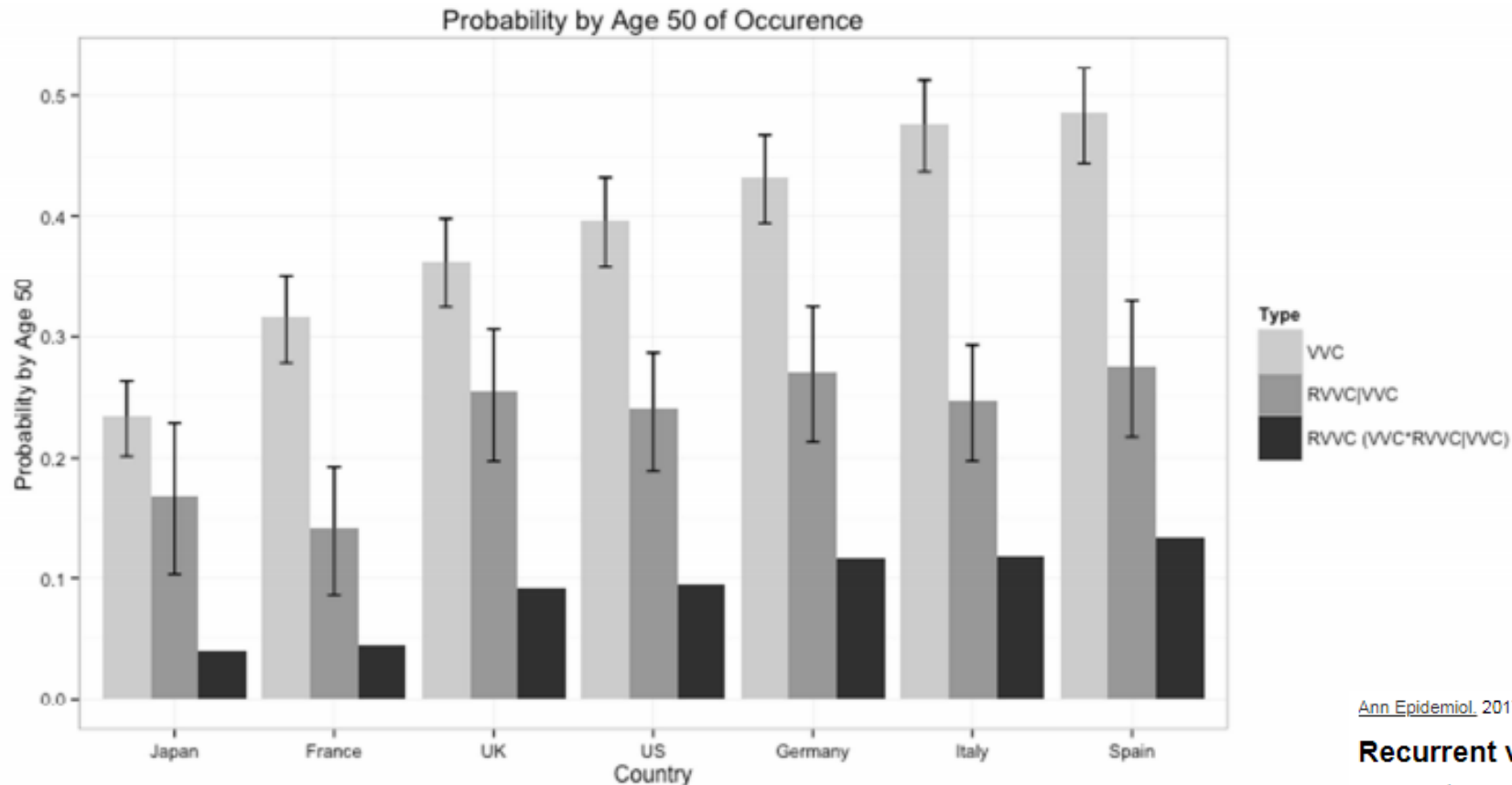
- NÃO COMPLICADA:

- Esporádica
- Albicans (85%)
- Ausência de gravidez

- COMPLICADA:

- Recorrente (> 4 episódios / ano)
- Não Albicans (15%)
- Alt. Hospedeiro (diabetes, gravidez, imunodepressão)

INCIDÊNCIA / PREVALÊNCIA



Ann Epidemiol. 2017 Sep;27(9):575-582.e3. doi: 10.1016/j.annepidem.2017.08.010. Epub 2017 Aug 15.

Recurrent vulvovaginal candidiasis.

Blostein F¹, Levin-Sparenberg E¹, Wagner J², Foxman B³.

PATOGÊNESE DA CVVR

CONSIDERAR POSSIBILIDADES:

1. Erro no diagnóstico
2. Resistência a droga
3. Presença de “facilitadores” da recorrência

PATOGÊNESE DA CVVR

FATORES HOSPEDEIRO

Imunosupressão
Diabetes
Antibióticos

FATORES GENÉTICOS

Imunidade celular
Familiar

COMPORTAMENTAIS

DIU
Coito
Sexo oro-genital
Estrogênio exógeno

FATOR MICROBIOLÓGICO
Candida não-albicans

↑ **COLONIZAÇÃO
VAGINAL**

**PERSISTÊNCIA *Candida*
TGI**

**CANDIDÍASE DE
REPETIÇÃO**

DIAGNÓSTICO



	Erythema	Dysuria	Excoriation	Pruritus	Cheese or Curd Discharge	No Odor	pH Normal	Whiff Test	Saline Microscopy	KOH Microscopy	Culture	Monoclonal Antibody Staining	PCR	DNA Probe	Direct Agglutination	Pap Smear	Antigen Test	Chromogenic C Media
Sobel J.D. & Akins R.A. 2015	●	●	●	●	●		●		●	●	●		●	●				
Mendling W. 2015							●		●	●	●							
Cartwright et al 2013									●		●		●	●				
Rad M. M. et. al. 2012											●		●					
Ilkit M. & Guzel, A.B. 2011		●	●	●	●	●	●		●	●	●					●	●	●
Khosravi, A. et al 2011	●	●		●	●	●			●	●	●				●			
Mylonas, I. et. al. 2011	●	●	●	●	●	●	●		●	●								
Buyukbayrak, A.A. et. al 2010	●	●	●	●	●	●	●	●	●	●	●							
Engberts, M.K. et al. 2008								●	●	●	●							
Nyirjesy, P. 2008	●	●	●	●	●		●	●	●	●	●		●					
Sobel 2007				●			●		●	●	●		●					
2015 CDC Guidelines	●	●	●	●	●					●	●							
											*							

DIAGNÓSTICO

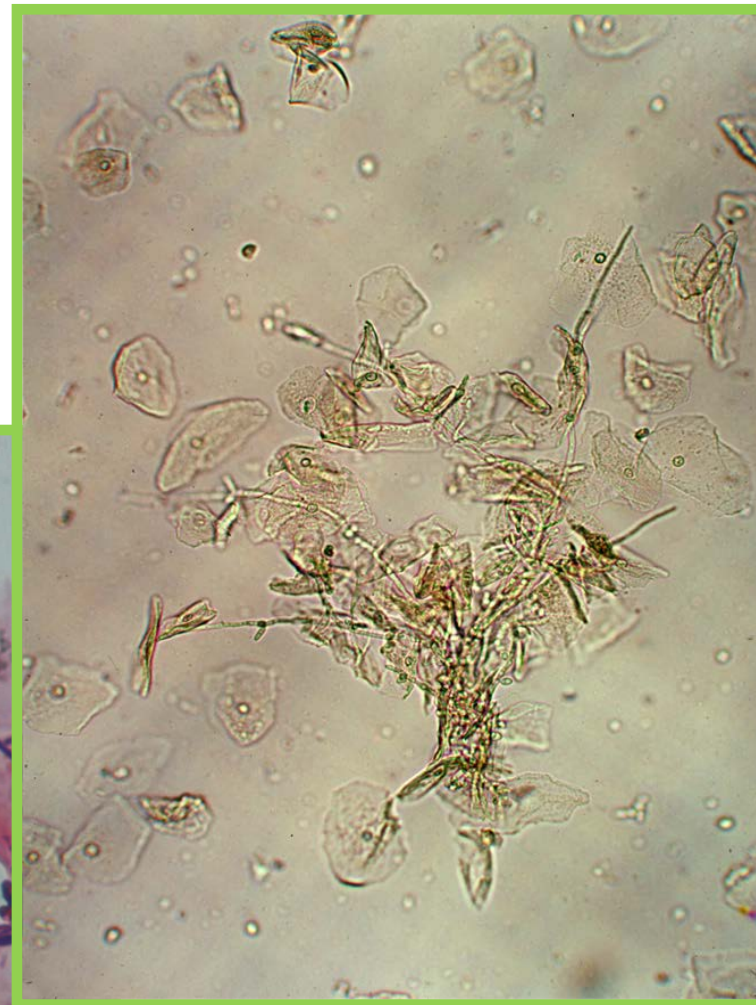
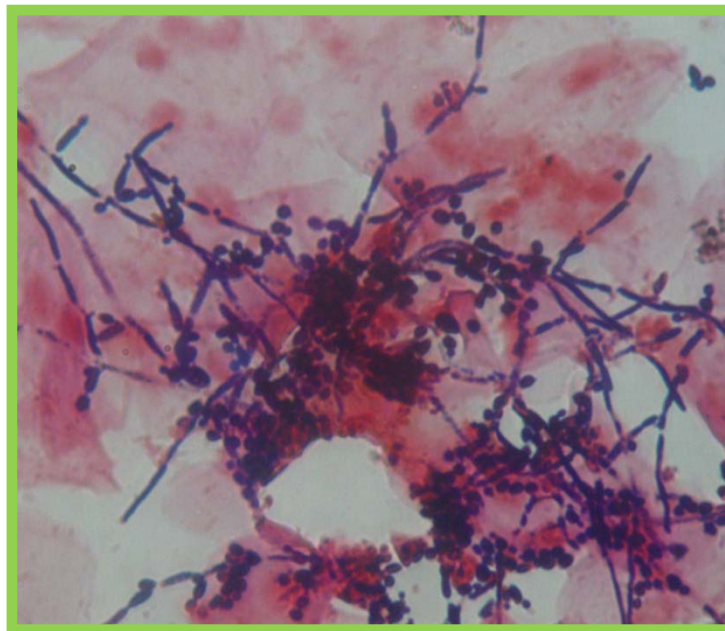
- ANAMNESE + EXAME FÍSICO

- Prurido / ardor vulvovaginal
- Fissuras / edema / eritema vulvar
- Secreção vaginal branca, floculada
- pH 4,0 – 4,5



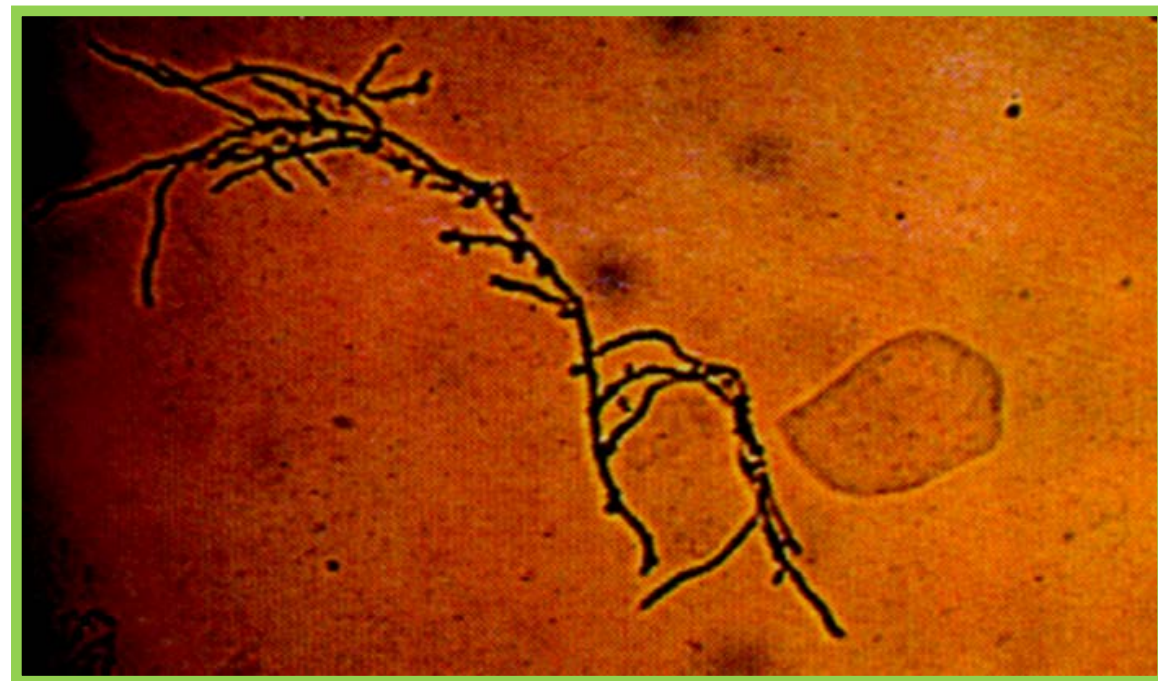
DIAGNÓSTICO

- MICROSCOPIA A FRESCO COM SOLUÇÃO SALINA
 - PMN +
 - Flora Lactobacilar
 - Células maduras
 - Hifas visualizadas (\approx 40 a 60%)



DIAGNÓSTICO

- MICROSCOPIA A FRESCO COM KOH 10%
 - Hifas visualizadas (\cong 70%)
 - Teste de Aminas negativo



DIAGNÓSTICO

PRURIDO

**pH
NORMAL**

**Microscopia
Negativa**

CULTURA !!!

DIAGNÓSTICO

Vulvovaginal Candidiasis as a Chronic Disease: Diagnostic Criteria and Definition

© 2013, American Society for Colposcopy and Cervical Pathology
Journal of Lower Genital Tract Disease, Volume 00, Number 00, 2013, 00–00

brief. At the follow-up visit, response to 3 months of oral antifungal therapy was measured. All women with CVVC had complete resolution of signs and symptoms with prolonged daily oral antifungal treatment ($p < .001$). It should be especially noted that 68% of the study group and 7% of the control group had a positive swab at presentation. This is a significant difference; however, there still remained 32% of patients who were fully responsive to oral antifungal therapy who had a negative swab.

Eight clinical and historical features were identified as being significantly more common in the CVVC group

TRATAMENTO CVVR – C.ALBICANS

Azóis orais ou tópicos
apresentam taxa de cura
maior do que os polienos !!!

TRATAMENTO CVVR – C. ALBICANS

■ PRIMÁRIO

- Finalidade: garantir remissão clínica e microbiológica da Candidíase = 95%
- Fluconazol 150 mg (3 cápsulas) em 1 sem
- Cetoconazol 400 mg/dia = 5 dias
- Itraconazol 200 mg 2x/dia = 1 dia

■ MANUTENÇÃO (6 meses)

- Fluconazol 100-150 mg / semana
- Cetoconazol 100 mg/dia
- Itraconazol 100 mg/dia

TRATAMENTO CVVR – C.ALBICANS

European Journal of Obstetrics & Gynecology and Reproductive Biology 167 (2013) 132–136



Contents lists available at SciVerse ScienceDirect

European Journal of Obstetrics & Gynecology and Reproductive Biology

journal homepage: www.elsevier.com/locate/ejogrb



Weekly fluconazole therapy for recurrent vulvovaginal candidiasis: a systematic review and meta-analysis

Maria I. Rosa^{a,b,*}, Bruno R. Silva^a, Patrícia S. Pires^{a,b}, Fábio R. Silva^a, Napoleão C. Silva^b, Fábio R. Silva^a, Suéli L. Souza^a, Kristian Madeira^{a,b,c,d}, Ana P. Panatto^{a,b,c,d}, Lidia R. Medeiros^d

^a Laboratory of Epidemiology University of Extremo Sul Catarinense, Criciúma, SC, Brazil

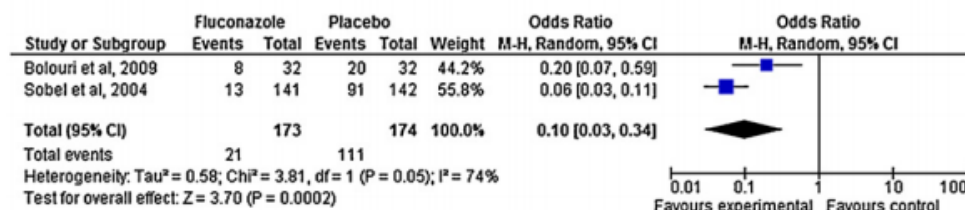
^b Postgraduate Program in Health Sciences, Health Sciences Unit, University of Extremo Sul Catarinense, Criciúma, SC, Brazil

^c São José Hospital, Criciúma, SC, Brazil

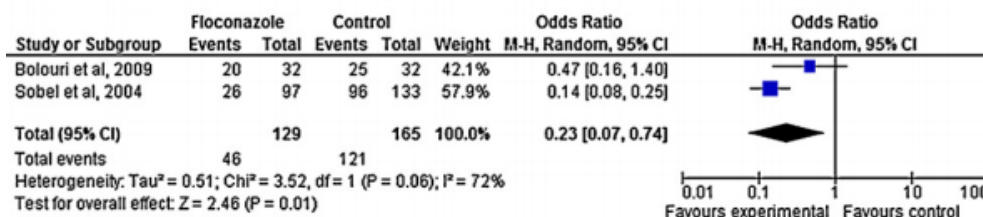
^d Departament of Gynecological Surgery at Hospital Mãe de Deus, Porto Alegre, Brazil

Conclusion: Weekly treatment with fluconazole (150 mg) for six months is effective against RVVC.

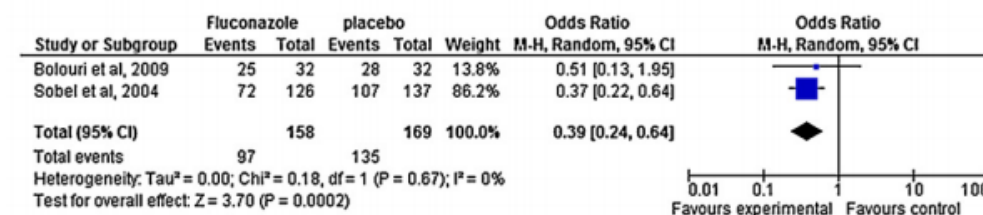
A Immediately after the fluconazole treatment



B 3 months after treatment



C 6 months after treatment



TRATAMENTO CVVR – C. ALBICANS



Infect Dis Clin N Am
22 (2008) 637–652

INFECTIOUS
DISEASE CLINICS
OF NORTH AMERICA

Vulvovaginal Candidiasis and Bacterial Vaginosis

Paul Nyirjesy, MD*

*Department of Obstetrics and Gynecology, Drexel University College of Medicine,
245 North 15th Street, New College Building, 16th Floor, Philadelphia, PA 19102, USA*

TRATAMENTO CVVR – C. ALBICANS

E QUANDO A PACIENTE NÃO APRESENTA RESPOSTA EFICAZ ???

- Controle do diabetes
- ↓ ingesta açúcar refinado
- Redução na administração exógena de estrogênio (ACH & TH)
- Remoção do DIU
- Antifúngico associado ao uso de antibióticos

TRATAMENTO CVVR – *C. ALBICANS*

CONSIDERAÇÕES IMPORTANTES

- Índice recorrência após 6 meses tratamento = 60-70% em 2-3 meses → reiniciar tratamento primário + manutenção...
- A recidiva ocorre sempre com o mesmo fungo...
- A resistência antifúngica da *C. albicans* é extremamente rara !!!

TRATAMENTO CVVR – C. NÃO- ALBICANS

- PRIMÁRIO

- Ácido Bórico cápsula vaginal 600 mg / dia 14 dias.

- MANUTENÇÃO

- Durante 3 a 6 meses...
- Nistatina creme 1 x / dia
- Ácido Bórico cápsula vaginal 600 mg em dias alternados.

O QUE VEM POR AÍ ...



Medical Mycology, 2018, 56, S26–S31

doi: 10.1093/mmy/myx139

Review Article



Review Article

***Candida* vaginitis: virulence, host response and vaccine prospects**

**Flavia De Bernardis^{1,*}, Sofia Graziani¹, Flavio Tirelli²
and Stavroula Antonopoulou^{3,4}**

¹Department. of Infectious Diseases, Istituto Superiore di Sanità, Viale Regina Elena 299, 00161, Rome, Italy, ²Università Cattolica del Sacro Cuore, Largo F. Vito, 1, 00168 Rome, Italy, ³Departmentt. of Clinical Microbiology, G. Gennimatas General Hospital, 154 Avenue Mesogeion, 11527, Athens, Greece and ⁴Department of Genetics and Biotechnology, Faculty of Biology, National Kapodistrian University of Athens, Avenue oulof Palme, Ano Ilisia 15784, Athens, Greece

Studies that evidence the role of virulence factors of *Candida albicans* in vaginal candidiasis

Studies of immune responses at vaginal level during *Candida* infection

Studies to identify novel approach for vaccination or immunotherapy of vaginal candidiasis

O QUE VEM POR AÍ ...

- Abril/2018...
- 188 mulheres

Clinical Infectious Diseases

MAJOR ARTICLE

 **IDSA**
Infectious Diseases Society of America

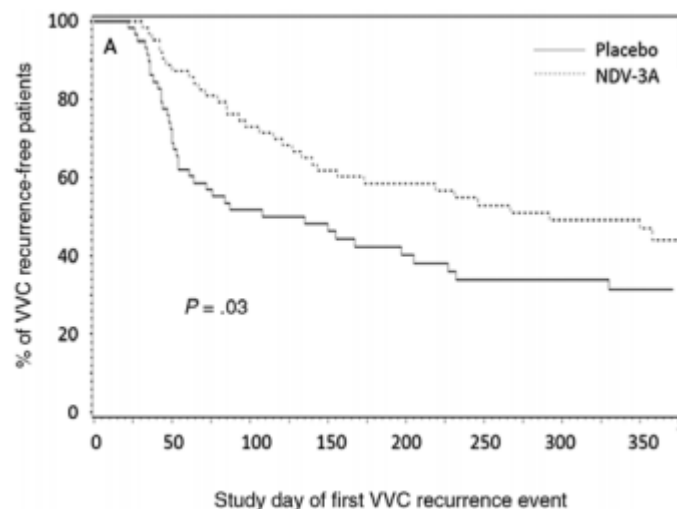
hivma
hiv medicine association

OXFORD

A Fungal Immunotherapeutic Vaccine (NDV-3A) for Treatment of Recurrent Vulvovaginal Candidiasis—A Phase 2 Randomized, Double-Blind, Placebo-Controlled Trial

John E. Edwards Jr,^{1,2} Michael M. Schwartz,³ Clint S. Schmidt,³ Jack D. Sobel,⁴ Paul Nyirjesy,⁵ Florian Schodel,⁶ Erica Marchus,³ Mary Lizakowski,³ Elizabeth A. DeMontigny,³ Jesse Hoeg,³ Tuomas Holmberg,³ M. Timothy Cooke,³ Keila Hoover,⁷ Lance Edwards,⁸ Mark Jacobs,⁹ Steven Sussman,¹⁰ Michael Augenbraun,¹¹ Michael Drusano,¹² Michael R. Yeaman,^{1,2} Ashraf S. Ibrahim,^{1,2} Scott G. Filler,^{1,2} and John P. Hennessey Jr³

Conclusions. In this unprecedented study of the effectiveness of a fungal vaccine in humans, NDV-3A administered to women with RVVC was safe and highly immunogenic and reduced the frequency of symptomatic episodes of vulvovaginal candidiasis for up to 12 months in women aged <40 years. These results support further development of NDV-3A vaccine and provide guidance for meaningful clinical endpoints for immunotherapeutic management of RVVC.




TAKE HOME MESSAGE

- Anamnese e exame físico como pilar de sua abordagem !
- O correto diagnóstico é o início de uma boa resposta !
- Resistência ao tratamento anti-micótico é muito rara !
- Atentar para o meio vaginal e atuar contra os facilitadores !

TAKE HOME MESSAGE

Recurrent vaginal *C. albicans* infection remains a challenge to the managing clinician, but with careful attention to diagnosis and choice of optimal treatment, these patients should be able to enjoy a normal life.

Graeme J. Dennerstein 

Past Director Dermogynaecology Clinic. University of Melbourne



OBRIGADO!

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