CONDITION

Vulvovaginitis

Vulvovaginitis is irritation or inflammation affecting the vulva, vagina, or both.

WHAT IT IS
Inflammation of the vulva, vagina, or both

BODY SYSTEM
Reproductive and genital system

MAIN SYMPTOMS
Itching, soreness, discharge, burning

WHAT CAUSES IT
Infection, irritation, skin conditions, or hormonal changes

HOW IT IS DIAGNOSED
Examination, vaginal pH, microscopy, and laboratory swabs

MAIN TREATMENT
Cause-specific medicines, skin care, and avoiding irritants

CAN IT BE CURED?
Sometimes - treatable causes often clear completely

IS IT AN EMERGENCY?
Sometimes - severe pelvic pain or fever needs urgent assessment

LONG-TERM OUTLOOK
Usually resolves; chronic causes may need ongoing care

Overview

Vulvovaginitis means irritation or inflammation of the vulva, the vagina, or both. The vulva is the external genital area. The vagina is the internal passage leading to the cervix.

Vulvovaginitis is a condition with several possible causes rather than one specific disease. Infections are common, but symptoms can also come from soap, skin conditions, hormonal changes, or an object left inside the vagina. More than one cause can be present at the same time.

The symptoms may look similar even when the causes are different. Itching does not always mean a yeast infection, and discharge does not always mean there is an infection. Normal vaginal discharge can change during the menstrual cycle, pregnancy, and sexual arousal.

Finding the cause matters because treatments are different. An antifungal medicine will not

treat bacterial vaginosis, a sexually transmitted infection, or irritated skin.

Vulvovaginitis can affect people at any age. Before puberty, delicate skin and irritation are common factors. During the reproductive years, infections are more common. After menopause, lower estrogen levels can make vaginal and vulval tissues thinner, drier, and easier to irritate.

Symptoms

Symptoms can affect the outside genital area, the vagina, or both. They may begin suddenly or develop over time.

Common symptoms include:

Different causes can produce certain patterns, but symptoms alone cannot reliably confirm the diagnosis.

A vaginal yeast infection often causes strong itching, redness, and thick white discharge. Bacterial vaginosis commonly causes thin discharge with a noticeable fish-like smell, but may cause little irritation. Trichomoniasis, a sexually transmitted infection, may cause unpleasant-smelling discharge, irritation, or pain when urinating, although many people have no symptoms.

Irritant or allergic vulvovaginitis may mainly cause burning, itching, and dry or cracked skin. After menopause, dryness, discomfort during sex, urinary symptoms, and repeated irritation may occur together.

- Itching, burning, soreness, or raw-feeling skin
- Redness or swelling around the vulva
- A change in the amount, colour, smell, or texture of discharge
- Burning when urine touches irritated skin
- Pain or discomfort during sex
- Light spotting caused by inflamed or fragile tissue

Causes and risk factors

Infectious causes include vaginal yeast overgrowth, bacterial vaginosis, and trichomoniasis. Bacterial vaginosis happens when the usual balance of vaginal bacteria changes. It is not simply an infection caught from another person. Trichomoniasis is sexually transmitted.

Other sexually transmitted infections, including chlamydia, gonorrhoea, and genital herpes, can sometimes cause discharge, pain, sores, or inflammation. Cervical infections may resemble vaginitis but need different testing and treatment.

Non-infectious causes include:

Antibiotics like amoxicillin or doxycycline can increase the chance of yeast overgrowth because they change normal bacteria. Diabetes that is not well controlled and medicines that weaken immune function can also make yeast infections more likely or harder to clear.

Before puberty, vulvovaginitis is often linked to sensitive skin, moisture, soap, wiping habits, or bacteria spreading from the bowel area. Threadworms can cause marked night-time itching. A foreign object may cause persistent or blood-stained discharge. Sexually transmitted infections in a child require careful assessment by professionals trained in child health and safeguarding.

- Scented soaps, bubble baths, wipes, deodorants, or laundry products
- Frequent washing, scrubbing, or vaginal douching
- Tight, damp, or rubbing clothing
- Pads, liners, tampons, condoms, lubricants, or spermicides
- Skin conditions such as eczema, psoriasis, or lichen sclerosus
- Lower estrogen levels after menopause, during breastfeeding, or after some medical treatments
- A retained tampon or another object in the vagina

Diagnosis

A healthcare professional will ask about the symptoms, discharge, menstrual or menopausal status, sexual history, medicines, skin products, and any treatments already tried. These questions help narrow down the possible causes.

An examination may look for redness, broken skin, sores, swelling, discharge, or signs of a skin condition. An internal examination is not always needed. Whether it is appropriate depends on age, symptoms, pregnancy status, and personal circumstances.

Testing may include a sample of vaginal discharge. The sample can be examined under a microscope, checked for acidity using a vaginal pH test, or sent to a laboratory. Molecular tests can identify organisms by detecting their genetic material. Urine or swab tests may be used if a sexually transmitted infection is possible.

A skin condition may be diagnosed from its appearance. Occasionally, a small skin sample called a biopsy is needed when the diagnosis remains uncertain or the skin does not improve.

Self-diagnosing repeated symptoms as yeast can delay the correct treatment. This is especially important when symptoms are new, keep returning, or continue after a non-prescription treatment.

Treatment and management

Treatment is chosen according to the cause. There is no single treatment for all vulvovaginitis.

Yeast infections are treated with antifungal medicines placed in the vagina or taken by mouth. The most suitable form can be affected by pregnancy, other medicines, previous infections, and the type of yeast involved. Repeated or difficult-to-treat infections may require testing and a longer treatment plan.

Bacterial vaginosis and trichomoniasis are treated with specific antibiotics. Sexual partners need treatment for trichomoniasis to reduce reinfection. Partner treatment is not routinely used for an uncomplicated yeast infection. Advice for bacterial vaginosis may differ according to individual circumstances and local practice.

Other sexually transmitted infections need treatment directed at the organism. Avoiding sexual contact until treatment requirements are completed can prevent transmission or reinfection.

When irritation is the cause, management focuses on stopping the triggering product and protecting the skin. Washing gently with lukewarm water or a plain, fragrance-free substitute may be more comfortable than using soap. Avoid putting household remedies, essential oils, antiseptics, or food products inside the vagina because they may worsen irritation.

Skin conditions may need prescribed creams or ointments and follow-up. Vulvovaginal symptoms linked to low estrogen can be managed with moisturisers, lubricants, or local vaginal hormone treatment when medically appropriate. These products serve different purposes: moisturisers are used regularly for dryness, while lubricants reduce friction during sex.

Evidence that probiotics reliably treat vulvovaginitis is limited. They should not replace testing or established treatment when symptoms are persistent or severe.

Complications

Most episodes improve once the cause is identified and treated. Ongoing scratching or inflammation can lead to cracked skin, bleeding, pain, and secondary skin infection.

Repeated symptoms can affect sleep, exercise, sex, relationships, and emotional well-being. Chronic skin conditions may change the colour, texture, or shape of vulval tissue and may require long-term monitoring.

Untreated trichomoniasis or another sexually transmitted infection can continue to spread between partners. Some cervical infections can move into the upper reproductive organs and cause pelvic inflammatory disease.

Bacterial vaginosis and trichomoniasis have been associated with pregnancy complications. A new change in discharge during pregnancy does not necessarily mean something is wrong, but persistent odour, itching, pain, bleeding, or fluid leakage should be assessed.

Prevention

Not every episode can be prevented. Hormonal changes, chronic skin conditions, and shifts in vaginal bacteria may occur despite careful hygiene.

You may reduce irritation by avoiding scented genital products, vaginal douching, harsh soap, and repeated scrubbing. Change out of wet clothing when practical and choose clothing that does not cause ongoing friction. Wipe from front to back after using the toilet.

Condoms and other barrier methods reduce the risk of many sexually transmitted infections, although they do not give complete protection against infections spread by nearby skin contact. Sexual partners should complete treatment when this is recommended for a diagnosed infection.

Antibiotics should be used only as directed, but necessary antibiotics should not be avoided solely because yeast symptoms might develop.

There is no proven routine diet, supplement, or cleansing practice that prevents all forms of vulvovaginitis.

Living with it and what to expect

A single episode caused by an infection or irritant often settles after the correct treatment or after the trigger is removed. Improvement may not be immediate because inflamed skin can remain sensitive while it heals.

If symptoms return, the next episode may not have the same cause. Repeated treatment

without testing can worsen irritation or miss a skin condition, sexually transmitted infection, or less common type of yeast.

Some causes have a longer course. Eczema, lichen sclerosus, and other vulval skin conditions may improve and flare again over months or years. Lower-estrogen symptoms often continue unless they are managed. Regular follow-up may be useful to check the skin, review treatment, and adjust symptom control.

Keeping a brief record of symptoms, menstrual timing, products used, sexual activity, and previous treatments can help identify patterns. This is not a substitute for testing, but it can make an assessment more useful.

Most people can continue usual work, exercise, and relationships. During a painful flare, looser clothing, gentle skin care, and avoiding activities that increase friction may be more comfortable.

When to get medical help

Arrange a routine medical appointment if this is your first episode, the cause is uncertain, symptoms keep returning, or treatment has not worked. Assessment is also appropriate for new symptoms after menopause, persistent vulval skin changes, bleeding after sex, sores, or unusual discharge.

Seek prompt medical advice if you are pregnant and develop new vaginal symptoms, or if a child has genital discharge, bleeding, significant pain, or persistent itching.

Get urgent medical help if symptoms occur with:

A retained tampon accompanied by sudden fever, vomiting, diarrhoea, a widespread rash, dizziness, confusion, or severe weakness needs emergency assessment because these can be signs of toxic shock syndrome. This is rare, but it requires immediate care.

- Fever and worsening lower abdominal or pelvic pain
- Severe pain, fainting, repeated vomiting, or feeling very unwell
- Heavy vaginal bleeding
- Pregnancy with significant pain, bleeding, or possible fluid leakage

Common questions

Is vulvovaginitis the same as a yeast infection?

No. A yeast infection is one possible cause. Vulvovaginitis can also result from bacterial vaginosis, a sexually transmitted infection, irritation, low estrogen, or a skin condition.

Can vulvovaginitis go away on its own?

Mild irritation may improve after the trigger is removed. Some changes in vaginal bacteria may also settle, but persistent or recurring symptoms should be assessed because infections and skin conditions may need treatment.

Is vulvovaginitis sexually transmitted?

Not always. Trichomoniasis and some other infections are sexually transmitted. Yeast infections, irritation, hormonal changes, and most skin conditions are not generally classed as sexually transmitted infections.

Why do my symptoms keep coming back?

Possible reasons include reinfection, incomplete treatment, repeated exposure to an irritant, hormonal changes, diabetes, resistant or less common yeast, or an incorrect initial diagnosis. Testing during symptoms may help clarify the cause.

Can I use an over-the-counter yeast treatment?

These treatments may be reasonable when you have previously had a confirmed yeast infection and the symptoms are the same. Seek advice if this is your first episode, you are pregnant, symptoms are unusual, treatment fails, or episodes repeatedly return.

Should I avoid sex while I have symptoms?

Sex may worsen soreness through friction. If an infection is possible, avoiding sex until testing and any required treatment are complete can reduce transmission or reinfection. Some vaginal creams can also weaken latex condoms or diaphragms, so check the product information.

Sources

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