

P211 - Successful treatment of highly resistant *Trichomonas vaginalis* with intravaginal administration of oral metronidazole tablets

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Background

Treating resistant *Trichomonas vaginalis* (TV) can be challenging as the treatment options are limited with high failure rates. We report a case of chronic TV which was finally cured with re-purposing of oral Metronidazole tablets for intravaginal administration.

Case report

A 44-year-old Caucasian woman presented to our clinic with confirmed failed treatment for TV. She had severe vaginal itching and discharge for the previous 12 months. She last had sexual contact 5 months before the onset of symptoms with a male partner of 10 years. It was initially diagnosed and managed as bacterial vaginosis. Her STI screens on multiple occasions were normal. Nine months into her symptoms, she had a positive TV PCR test done privately.

She had already received the following treatment before coming to us:

- Metronidazole orally (400mg bd for 7 days) and intravaginally (at bedtime for 14 days)
- Metronidazole orally (800mg bd) and intravaginally for 14 days
- Tinidazole orally (1g tds) and Metronidazole intravaginal gel for 14 days

There was no risk of re-infection and compliance to therapy was not in doubt. When the patient presented to us, she was in a state of despair with severe symptoms. Treatment options in such a resistant case of TV are limited and discussed with the patient.

Whilst arrangements being made to procure Paromomycin, it was mutually decided to cautiously try an experimental therapy in the form of intravaginal administration of Metronidazole 400mg oral tablets bd for 3 days.

Written consent was obtained for the same. On the first day, the tablets came out but were retained for the next two days when inserted with the help of a plunger. She tolerated this well and her symptoms improved. Thereafter, she was subsequently treated with intravaginal administration of metronidazole 400mg oral tablets tds for 7 days.

Her symptoms disappeared completely, and TV PCR two weeks later became negative.

Conclusion

Commercially available vaginal preparations have 37.5mg of Metronidazole and are designed to treat bacterial vaginosis. These preparations may be inappropriate to treat TV. This case report demonstrates the need for further research in this area to develop higher dose vaginal preparations of nitroimidazoles to treat TV including the resistant cases.