

CORRESPONDENCE

Role of *Hemophilus vaginalis* in vaginitis

To the Editors:

I am concerned that the article by Levison and associates (AM. J. OBSTET. GYNECOL. 133:139, 1979) may cause clinicians to lose confidence in the role of *Hemophilus vaginalis* in vaginitis and the clue cell in its diagnosis. It appears that the clinicians who evaluated the patients were unfamiliar with the clinical features of *H. vaginalis* which Gardner and Dukes¹ described so well 25 years ago. The clinicians in this study appear to be totally unaware that *Hemophilus vaginalis* is characterized only by a gray, homogeneous, odorous discharge without irritative signs and symptoms. The proof of this is perhaps explained by the fact that in this article only patients with concomitant *Candida* or *Trichomonas* were considered to have vaginitis.

Hemophilus vaginalis not only causes vaginitis but also is the most common cause of vaginal discharge. In our own middle-class practice, 32% of 10,000 consecutive patients complaining of discharge or vaginal infection had *H. vaginalis*. In clinics such as that described by Levison and associates, *H. vaginalis* is even more common.

Furthermore, the "clue cell" is an extremely reliable indicator of *H. vaginalis* infection. As the authors admit ("despite the literature") seasoned investigators^{2, 3} have shown that when the culture is positive for *Hemophilus vaginalis*, the organism can be seen on a wet smear in 95% of cases. I am at a loss to explain their detection of clue cells only 24% (4/17) of the time when cultures were positive. I asked our statistician to reconcile this great disparity and he responded that "they must be doing something different" (Table I).

Levison and colleagues also found clue cells in three of 10 patients when cultures were negative. Even if this small sample size is disregarded, experienced investigators generally have a "false clue cell" rate of 5% or less (Table II).

The authors further noted several women who demonstrated *Hemophilus vaginalis* on culture and yet had no symptoms. Perhaps they mean the patients had no itching, burning, or soreness. Since *H. vaginalis* is a surface parasite, it never provokes these irritative signs and symptoms; it simply causes discharge and odor which may have been overlooked by the authors.

I am also concerned about the comment "it is extremely unlikely, however, that the asymptomatic woman with scant secretions and a negative pelvic examination had subclinical vaginitis." With *H. vaginalis* the secretions are often scant, the patients never

Table I. Clue cell accuracy—Culture positive for *Hemophilus vaginalis*

| Series | No. of patients | Clue cells seen | % Accuracy |
|------------------------|-----------------|-----------------|------------|
| Dunkelberg | 132 | 130 | 98.4 |
| Levison and associates | 17 | 4 | 23.4 |

Table II. Clue cell accuracy—Culture negative for *Hemophilus vaginalis*

| Series | No. of patients | "False clue cells" seen | % error |
|------------------------|-----------------|-------------------------|---------|
| Dunkelberg | 168 | 4 | 2.3 |
| Levison and associates | 10 | 3 | 30.0 |

have deep pelvic findings, and many women will not readily volunteer a symptom of odor because of the feeling that it reflects on their personal hygiene. These patients have had infection overlooked for so long that they have come to believe that the vagina normally has an odor.

Levison and co-workers concluded that perhaps *Hemophilus vaginalis* is not a pathogen at all and could be normal flora. How is it possible that the most common cause of vaginal discharge and odor is not a pathogen to women? I agree more closely with their second suggestion that *Hemophilus vaginalis* is a pathogen under certain circumstances. Those circumstances include the patient's being aware of discharge and odor or admitting these symptoms after the physician has carefully questioned her and pointed out that the infection is present. By this definition more than 75% of infected patients will be symptomatic.

Fred J. Fleury, M.D.

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