CONDITION

Vaginitis

Vaginitis is inflammation or irritation of the vagina that can cause discharge, itching, burning, or odor.

WHAT IT IS
Inflammation or irritation of the vagina

BODY SYSTEM
Reproductive system

MAIN SYMPTOMS
Discharge changes, itching, burning, odor

WHAT CAUSES IT
Infection, bacterial imbalance, low estrogen, or irritation

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

MAIN TREATMENT
Cause-specific antimicrobials, irritant avoidance, or hormone treatment

CAN IT BE CURED?
Sometimes - many causes clear with treatment

IS IT AN EMERGENCY?
Sometimes - severe pelvic pain or fainting needs emergency care

LONG-TERM OUTLOOK
Usually manageable, though recurrences are common

Overview

Vaginitis means inflammation or irritation inside the vagina. It can cause changes in vaginal discharge, itching, burning, odor, or pain.

The vagina is the internal canal. The vulva is the external genital area, including the labia. Vaginitis often causes vulvar symptoms as well, so it may be hard to tell where the irritation began.

Vaginitis is not one single infection. Common causes include bacterial vaginosis, a vaginal yeast infection, and trichomoniasis. Hormonal changes, skin conditions, and irritation from products can also cause it.

The cause matters because treatments are different. An antifungal treatment will not treat

bacterial vaginosis or trichomoniasis, for example. Symptoms alone cannot always identify the cause, especially when this is the first episode or symptoms keep returning.

Symptoms

Symptoms can be mild or uncomfortable. They may start suddenly or build over time.

Possible symptoms include:

Different causes can produce different patterns. Bacterial vaginosis often causes thin discharge with a noticeable fish-like odor. A yeast infection often causes intense itching and thick discharge, although the discharge is not always clumpy. Trichomoniasis may cause irritation and thin discharge that can be yellow-green or have an odor.

These patterns are not reliable enough to diagnose the cause by yourself. More than one condition can be present at the same time.

Normal vaginal discharge also changes during the menstrual cycle, pregnancy, and sexual arousal. Clear or white discharge without strong odor, pain, or itching may be normal.

- Discharge that is different in color, amount, thickness, or smell
- Itching, soreness, redness, or swelling around the vaginal opening
- Burning, including burning during urination
- Pain during vaginal sex
- Light spotting from irritated tissue

Causes and risk factors

Bacterial vaginosis , often called BV, happens when the usual balance of vaginal bacteria changes. It is not considered a straightforward sexually transmitted infection, but sexual activity can affect the risk. Douching, a new sexual partner, and multiple partners are associated with BV. It can also happen without recent sexual activity.

Vulvovaginal candidiasis , usually called a vaginal yeast infection, results from an overgrowth of Candida yeast. Candida may normally live in the vagina without causing symptoms. Antibiotic use, pregnancy, diabetes, and changes in immune function can make overgrowth more likely. Yeast infections are not usually sexually transmitted.

Trichomoniasis is a sexually transmitted infection caused by a tiny parasite called Trichomonas vaginalis . Many people with it have few or no symptoms but can still pass it to a sexual partner.

Lower estrogen levels can make vaginal tissue thinner, drier, and more easily irritated. This is common after menopause but can also happen during breastfeeding or with some medicines and medical treatments. When related to menopause, these changes are part of genitourinary syndrome of menopause.

Noninfectious vaginitis can result from scented washes, douches, deodorant sprays, detergents, lubricants, or other products. A retained tampon or another object in the vagina may cause discharge and odor. Less common inflammatory conditions and vulvar skin disorders can produce similar symptoms.

Vaginitis is not usually caused by poor hygiene. Washing inside the vagina can disturb its natural environment and make irritation or bacterial imbalance more likely.

Diagnosis

There is no single test that confirms every type of vaginitis. A healthcare professional will usually ask about the symptoms, menstrual cycle, medicines, product use, pregnancy possibility, and sexual history. This information helps determine which tests are useful.

An examination may look for discharge, redness, sores, skin changes, or another cause of irritation. A speculum may be used to view the vaginal walls and cervix. You can ask what the examination will involve before it begins.

A sample of vaginal fluid may be tested by:

A culture or other laboratory test may be especially useful when yeast symptoms are severe, keep returning, or do not respond to usual treatment.

Self-diagnosis can be inaccurate because BV, yeast infections, sexually transmitted infections, and skin irritation can feel similar. Testing is particularly helpful for a first episode, symptoms after a new sexual partner, or symptoms that return soon after treatment.

- Measuring its acidity, called vaginal pH
- Looking at it under a microscope
- Using laboratory tests for bacteria, Candida, or Trichomonas
- Testing for other sexually transmitted infections when appropriate

Treatment and management

Treatment is chosen according to the cause rather than the symptom pattern alone.

Bacterial vaginosis is treated with antibiotics like amoxicillin or doxycycline . These may be taken by mouth or placed in the vagina. Symptoms can return after successful treatment, and another assessment may be needed if they do.

Yeast infections are treated with antifungal medicine. Treatment may be vaginal or oral. Repeated or complicated infections may need testing to identify the type of Candida and a longer management plan. If you are pregnant or could be pregnant, check which treatment is appropriate before using an antifungal like fluconazole or terbinafine product.

Trichomoniasis is treated with an antibiotic. Current sexual partners also need evaluation and treatment to prevent the infection from passing back and forth. Sex should be avoided until treatment is completed and symptoms have resolved. Follow-up testing may be advised because reinfection is common.

Vaginitis caused by lower estrogen may be managed with vaginal moisturizers or lubricants. Some people are offered low-dose vaginal estrogen or another hormone-based treatment after discussing its suitability with a healthcare professional.

For irritant vaginitis, management involves stopping the product or exposure responsible. Persistent inflammation or a suspected skin disorder may require assessment by a gynecology or dermatology specialist.

While symptoms are settling, wash the vulva gently with water or an unscented cleanser and avoid cleaning inside the vagina. Loose, breathable clothing may reduce rubbing. Avoid using leftover antibiotics or repeated antifungal treatments without reassessment, as these may delay the correct diagnosis.

Complications

Most episodes improve without lasting harm once the cause is identified and treated. Ongoing symptoms can still affect sleep, exercise, sexual comfort, and emotional well-being.

Scratching irritated skin can cause small breaks that sting or become infected. Repeated treatment with the wrong product may also worsen irritation.

Untreated trichomoniasis can continue to spread between sexual partners. It is associated with a higher risk of acquiring or passing on HIV. Some vaginal infections, including BV and trichomoniasis, are also associated with pregnancy complications such as early birth. An association does not mean that every affected pregnancy will have a problem.

Pelvic pain, fever, or bleeding are not typical features of simple vaginitis. They may point to another condition, such as pelvic inflammatory disease, and need prompt assessment.

Prevention

Not every episode can be prevented. Yeast overgrowth, bacterial imbalance, and hormone-related changes can happen even when you take good care of yourself.

You may reduce irritation and some infections by:

There is not enough consistent evidence to use probiotics as a replacement for established vaginitis treatment. Products marketed for "vaginal cleansing" are unnecessary because the vagina cleans itself naturally.

- Not douching or washing inside the vagina
- Avoiding scented genital products if they cause irritation
- Using condoms or other barriers to reduce the risk of trichomoniasis
- Changing out of damp clothing when it is uncomfortable
- Following diabetes care plans if you have diabetes

Living with it and what to expect

Many infectious episodes begin improving after the correct treatment, although irritation may take additional time to settle. Complete the treatment as directed even if symptoms improve early.

Recurrence is common with bacterial vaginosis and yeast infections. A recurrence does not necessarily mean that treatment failed or that you did something wrong. Repeated symptoms may need fresh testing because the cause can change, or more than one cause may be present.

If episodes keep returning, it can help to note when symptoms occur, any recent antibiotics, menstrual timing, new products, sexual activity, and treatments already tried. This record may help identify a pattern without assuming that one factor is responsible.

Vaginal changes caused by low estrogen may continue for months or years without management. Symptoms can often be controlled, but treatment may need to continue and be reviewed over time.

Vaginitis usually does not affect fertility. However, some sexually transmitted infections can lead to pelvic inflammatory disease if they spread upward into the reproductive organs. Appropriate testing matters when there has been a possible sexual exposure.

When to get medical help

Arrange a routine appointment if this is your first episode, you are unsure of the cause, or symptoms do not improve after an appropriate treatment. Assessment is also sensible if symptoms repeatedly return, discharge has a strong new odor, or symptoms began after sex with a new partner.

Seek prompt medical advice if you are pregnant and develop vaginal symptoms, particularly with bleeding, fever, abdominal pain, or leaking fluid.

Get urgent medical help for:

Call emergency services for severe pelvic or abdominal pain with fainting, marked weakness, heavy bleeding, or signs of a severe allergic reaction such as breathing difficulty or swelling of the face or throat.

- Fever with lower abdominal or pelvic pain
- Rapidly worsening pain, swelling, or redness
- Genital sores or blisters with severe pain
- Trouble passing urine
- A possible retained object that you cannot remove safely

Common questions

Is vaginitis a sexually transmitted infection?

Not always. Trichomoniasis is sexually transmitted. BV is linked with sexual activity but is not considered a straightforward STI. Yeast infections, hormone-related vaginitis, and irritant vaginitis are not usually sexually transmitted.

Can vaginitis go away on its own?

Some mild irritation may settle after the trigger is removed. Infections may persist, return, or cause complications, so new, significant, or ongoing symptoms should be assessed rather than simply watched.

Why does my vaginitis keep coming back?

Possible reasons include recurrent BV, repeated yeast overgrowth, reinfection with trichomoniasis, low estrogen, ongoing contact with an irritant, or an incorrect original diagnosis. Testing during symptoms can help separate these causes.

Can I have sex while I have vaginitis?

Sex may worsen pain or irritation. If trichomoniasis or another STI is possible, avoid sex until testing and treatment are complete. Some vaginal medicines can also affect barrier contraception, so check the product information.

Does vaginal odor always mean infection?

No. Vaginal odor can change with menstruation, sweat, semen, or normal discharge. A strong new odor with discharge, itching, burning, or pain is more likely to need assessment.

Can I treat vaginitis at home?

An antifungal product may be reasonable for someone who has previously had a confirmed yeast infection and recognizes the same symptoms. First-time, unusual, recurrent, or persistent symptoms need assessment because home treatment cannot reliably distinguish the different causes.

Sources

- American College of Obstetricians and Gynecologists: Vaginitis
- Centers for Disease Control and Prevention: Bacterial Vaginosis - STI Treatment Guidelines
- Centers for Disease Control and Prevention: Vulvovaginal Candidiasis - STI Treatment Guidelines
- Centers for Disease Control and Prevention: Trichomoniasis - STI Treatment Guidelines
- National Health Service: Vaginitis
- The North American Menopause Society: 2020 Genitourinary Syndrome of Menopause Position Statement, published in Menopause