TEST

Vaginitis test - wet mount

A wet mount examines vaginal fluid under a microscope for common causes of irritation and discharge.

WHAT IT MEASURES
Vaginal cells and microorganisms seen under a microscope

SAMPLE
Vaginal fluid

FASTING NEEDED?
No

HOW LONG IT TAKES
About 10 to 20 minutes

RESULTS IN
Usually same visit; timing varies by clinic and laboratory

USED FOR
Diagnosing common causes of vaginitis

MAIN LIMITATION
A negative slide can miss trichomonas or yeast

Overview

A vaginitis wet mount is a microscope test of vaginal fluid. Vaginitis means inflammation or irritation of the vagina. It can cause discharge, odor, itching, soreness, or burning.

For the test, vaginal fluid is placed on a glass slide and mixed with saline, which is salt water. A second preparation may use potassium hydroxide, often called KOH. A healthcare professional examines the slides for vaginal cells, yeast, bacteria-related changes, inflammation, and the parasite that causes trichomoniasis.

A wet mount can provide results during the appointment. However, it does not test for every cause of vaginal symptoms and is not a complete sexually transmitted infection, or STI, screen.

Vaginal pH and an odor test may be performed at the same time. These provide extra information but are separate from the microscope examination.

Why the test is ordered

The test helps distinguish between common causes of vaginal symptoms. These conditions can feel similar but may need different treatment.

A wet mount may look for:

The test may also help show that another explanation should be considered, such as irritation from a product, low estrogen after menopause, a skin condition, or an infection not visible on a wet mount.

- Clue cells , which are vaginal cells coated with bacteria and support bacterial vaginosis
- Budding yeast or thread-like forms called hyphae , which support a Candida yeast infection
- Moving trichomonads , the parasites that cause trichomoniasis
- White blood cells , which suggest inflammation but do not identify its cause

Who should have the test

A wet mount may be offered if you have a new or unusual vaginal discharge, odor, itching, burning, soreness, or discomfort during sex. It may also be used when symptoms have continued after treatment or have returned.

Testing is especially useful when your symptoms could have more than one cause. Symptoms alone cannot reliably separate bacterial vaginosis, yeast infection, trichomoniasis, and noninfectious irritation.

A wet mount is not usually used by itself to screen someone without symptoms. The most appropriate tests depend on your symptoms, sexual history, pregnancy status, examination, and whether there is concern about an STI.

How to prepare

You do not need to fast. You can eat, drink, and take most usual medicines before the appointment.

Tell the healthcare professional if you have recently used vaginal creams, antifungal medicines, antibiotics like amoxicillin or doxycycline , lubricants, spermicides, or douches. These can change what is visible on the slide. Do not stop a prescribed medicine unless you have been told to do so.

Also mention if you are having a period, may be pregnant, have had sex recently, or have

already tried treatment. Your clinic may give specific instructions about avoiding vaginal products or sex before the test.

If a pelvic examination is difficult or painful for you, say so before it begins. You can ask what will happen, request a smaller speculum when available, and ask to pause or stop at any time.

What happens during the test

You will usually undress from the waist down and lie on an examination table. A healthcare professional gently places a speculum into the vagina. A speculum is a smooth instrument that holds the vaginal walls apart.

A small swab collects fluid from the vaginal wall or discharge. Collection takes only a few seconds. In some settings, a self-collected vaginal swab may be possible, although an examination may still be needed to assess your symptoms.

The sample is placed on one or more glass slides. It should be examined promptly because trichomonas parasites stop moving as the sample sits, making them harder to recognize.

You may also have vaginal pH testing, an odor test, or swabs for molecular tests, culture, gonorrhea, or chlamydia.

Understanding your results

Wet mount findings are interpreted together with your symptoms, examination, vaginal pH, and any other tests.

Possible findings include:

There is no single numerical reference range for a wet mount. Interpretation varies by laboratory method, the examiner's experience, age, sex-related anatomy, pregnancy status, medicines, menopausal status, and clinical context.

Vaginal pH is often considered alongside the slide. A pH above 4.5 can support bacterial vaginosis or trichomoniasis, but blood, semen, menopause, and other factors may also raise it. A pH result cannot establish the diagnosis by itself.

- Clue cells: These support bacterial vaginosis, particularly when combined with characteristic discharge, odor, or a higher vaginal pH
- Yeast forms: Budding yeast or hyphae support vaginal candidiasis when you also have compatible symptoms

- Moving trichomonads: This strongly supports trichomoniasis, an STI caused by a parasite
- Many white blood cells: These show inflammation but can occur with several infections and other conditions
- No specific organism seen: This does not rule out an infection

What affects the results

A wet mount can be misleading even when the laboratory has handled the sample correctly.

Delay before microscopy is especially important. Trichomonads gradually stop moving outside the body. If the slide is not examined promptly, an infection may be missed.

Recent treatment can reduce the number of organisms. Vaginal antifungal like fluconazole or terbinafine products, antibiotics, and some other antimicrobial medicines may produce a negative slide even when symptoms remain.

Sex and vaginal products can alter vaginal pH or obscure cells. Semen, lubricants, spermicides, douching, and vaginal creams may affect the appearance of the sample.

Menstrual blood may change pH and make the slide harder to interpret. Testing may still be possible during a period, depending on the amount of bleeding and the reason for testing.

Sample collection matters. A very small sample or one taken from an area without much discharge may not contain enough organisms to see.

Age, hormones, and pregnancy can change vaginal cells, discharge, and pH. After menopause, lower estrogen can cause inflammation and a higher pH that may resemble infection. Pregnancy and hormone medicines can also change the clinical picture.

Accuracy and limitations

The wet mount is fast, inexpensive, and useful when it shows a clear finding. Its main weakness is that it can miss infections.

For trichomoniasis, saline wet mount finds roughly 44% to 68% of infections detected by more accurate comparison tests. Its ability to find the parasite drops quickly when microscopy is delayed. A molecular test, often called a NAAT, is more likely to detect trichomoniasis and is usually the better test when the wet mount is negative but suspicion remains.

Microscopy can also miss yeast, especially when only small numbers are present or the Candida species does not form easily recognized hyphae. A yeast culture or molecular test may be considered when symptoms continue despite a negative slide.

Clue cells are helpful for identifying bacterial vaginosis, but they are only one part of the assessment. Vaginal pH, discharge, odor testing, a laboratory Gram stain, or a molecular test may provide additional evidence.

False-positive results are possible. Debris may be mistaken for yeast, and the judgment of whether enough clue cells are present can differ between observers. Finding yeast also does not always prove that yeast is causing the symptoms, because Candida can sometimes be present without causing illness.

A wet mount cannot reliably exclude gonorrhea, chlamydia, genital herpes, or causes unrelated to infection. Separate testing or an examination may be needed.

Risks and complications

The swab itself has no major medical risks. The speculum examination may cause pressure, brief discomfort, or light spotting, particularly if the tissue is inflamed or dry.

Tell the healthcare professional if the examination hurts. You can ask them to stop at any point.

What happens next

If the wet mount identifies a likely cause, treatment can be chosen for that condition. Trichomoniasis requires STI-focused care, which may include testing for other infections and treatment of sexual partners.

If the result is negative but symptoms continue, follow-up is routine rather than an emergency in most cases. A healthcare professional may repeat the examination, order a molecular test or culture, or consider skin irritation, low estrogen, a retained object, or another cause.

Arrange prompt medical assessment if vaginal symptoms occur with fever, worsening lower abdominal or pelvic pain, pain during pregnancy, sores, or significant bleeding. Seek emergency care for severe pain, fainting, very heavy bleeding, or feeling seriously unwell rather than waiting for a routine result.

Common questions

Can I drink coffee before a wet mount?

Yes. Coffee does not affect the vaginal sample, and fasting is not required.

Does the time of day matter?

Usually not. Prompt examination after the sample is collected matters more than the appointment time.

Can I exercise beforehand?

Yes. Exercise does not usually affect the microscope findings. Change out of damp clothing if it is uncomfortable, but avoid applying vaginal products unless instructed.

Can I have the test during my period?

Often, yes. Heavy menstrual bleeding can make the slide and vaginal pH harder to interpret, so the clinic may suggest another day if the test is not urgent.

Should I avoid sex before the test?

Follow your clinic's instructions. Recent sex can introduce semen, lubricants, or spermicides that alter pH or obscure the sample. Tell the healthcare professional if you have had sex recently.

Can I use yeast treatment before my appointment?

Recent antifungal treatment may reduce the amount of yeast visible. If possible, contact the clinic before starting nonprescription treatment. Do not delay needed care or stop prescribed treatment without advice.

Sources

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