



Clinical Notes:














Vaginal Microbiome Profile

Vaginal pH.

6.5 *H

3.5 - 4.5



Opportunistic Bacteria	Result	Range	Units	
Enterococcus faecalis:	<DL	< 1.0	x10 ⁵ CFU/ml	
Escherichia coli:	80.00 *H	< 1.00	x10 ⁵ CFU/g	
Klebsiella pneumoniae:	<DL	< 1.00	x10 ⁵ CFU/ml	
Proteus mirabilis:	<DL	< 1.00	x10 ⁵ CFU/ml	
Pseudomonas aeruginosa:	<DL	< 1.00	x10 ⁵ CFU/ml	
Streptococcus agalactiae:	<DL	< 1.00	x10 ⁵ CFU/ml	
Staphylococcus aureus:	<DL	< 1.00	x10 ⁵ CFU/ml	
Gardnerella vaginalis:	0.03	< 1.00	x10 ⁵ CFU/ml	
Atopobium vaginae:	<DL	< 1.00	x10 ⁵ CFU/ml	
Prevotella species:	<DL	< 1.00	x10 ⁵ CFU/ml	
Megasphaera species:	<DL	< 1.00	x10 ⁵ CFU/ml	
Ureaplasma species	6.79 *H	< 1.00	x10 ⁶ CFU/ml	
Mycoplasma species	<DL	< 1.00	x10 ⁶ CFU/ml	






Sexually Transmitted Infections

Trichomonas vaginalis:	Not Detected
Chlamydia trachomatis:	Not Detected
Neisseria gonorrhoeae:	Not Detected
Herpes Simplex Virus-1:	Not Detected
Herpes Simplex Virus-2:	Not Detected









COMMENT:

Not Detected results indicate the absence of detectable DNA in this sample. A negative result does not completely exclude infection.

Opportunistic Fungal pathogens

Candida albicans:	1.10 *H	< 1.00	x10 ⁵ CFU/ml	
Candida glabrata:	<DL	< 1.00	x10 ⁵ CFU/ml	
Candida krusei:	<DL	< 1.00	x10 ⁵ CFU/ml	
Candida parapsilosis:	<DL	< 1.00	x10 ⁵ CFU/ml	
Candida tropicalis:	<DL	< 1.00	x10 ⁵ CFU/ml	

Beneficial Bacteria:

Total Lactobacillus:	0.46 *L	> 1.00	x10 ⁶ CFU/ml	
Lactobacillus crispatus:	0.31 *L	> 1.00	x10 ⁶ CFU/ml	
Lactobacillus gasseri:	<DL *L	> 1.00	x10 ⁶ CFU/ml	
Lactobacillus iners:	<DL *L	> 1.00	x10 ⁶ CFU/ml	
Lactobacillus jensenii:	0.15 *L	> 1.00	x10 ⁶ CFU/ml	
Lactobacillus rhamnosus:	<DL *L	> 1.00	x10 ⁶ CFU/ml	
Lactobacillus salivarius:	<DL *L	> 1.00	x10 ⁶ CFU/ml	
Lactobacillus vaginalis:	<DL *L	> 1.00	x10 ⁶ CFU/ml	

Bacterial Vaginosis:



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6 EDWARDS BAY ROAD
MOSMAN NSW 2088

AMY LOUISE SOUTHORN
28-May-1989 **Female**

1/9 SUNRAY CRESCENT
LENNOX HEAD NSW 2478

LAB ID : 3814883
UR NO. : 6604512
Collection Date : 09-May-2022
Received Date:12-May-2022



3814883

Clinical Notes:

Bacterial vaginosis

Negative



Clinical Notes:

Vaginal Microbiome Comments

VAGINAL pH ELEVATED:

Vaginal pH can be elevated by the presence of pathogenic infection, blood, semen, vaginal medications, using certain soaps and douches. In the absence of the latter, an elevated pH may be the result of decreased serum oestradiol and is suggestive of menopause or hormone imbalance and may require further pathology investigation.

The typical vaginal pH is 3.5-4.5. Prepubertal and postmenopausal pH levels are normally >5 pH. With the increase of the oestrogen levels around puberty, the genital mucosa thickens and becomes colonized with Lactobacillus species which produce lactic acid and hydrogen peroxide to lower the pH below 4.5.

References:

Caillouette et. al., 1997, American Journal of Obstetrics and Gynaecology, 176(6)1270-1277.

Panda et. al., 2014, Journal of Mid-Life Health, 5(1):34-37.

Kaambo et. al., 2018, Front Public Health, 6:78.

AEROBIC VAGINOSIS (AV):

Patients suffering AV experience vaginal complaints such as abnormal discharge (yellowish), inflammation (redness and swelling), and/or small erosions or ulcerations. If untreated, it can transition into more serious complications (PID, dyspareunia [pain during intercourse], severe UTIs, and/or pregnancy complications). Causes of AV include immune dysregulation, low oestrogen or Vitamin D deficiency.

There is no accepted clinical strategy for treating AV. Treatment with either antiseptic or antibiotic therapy with emphasis on bacteria of faecal origin, whilst ensuring minimal interference with vaginal Lactobacillus species.

ESCHERICHIA COLI ELEVATED:

Escherichia Coli is a Gram-negative facultative anaerobic bacteria and is one of the common organisms in the microflora of the vagina. Increased vaginal colonization with E. coli is associated with various genitourinary complications. AV is defined by disruption in Lactobacillus dominance (Total Lactobacillus <10⁶ CFU/ml), increased pH (>4.5) and the presence of mainly aerobic enteric commensals or pathogens, including Escherichia Coli (>10⁵ CFU/ml).

Mycoplasma and Ureaplasma Species

Mycoplasmas and Ureaplasmas species colonise lower genital tract of many healthy sexually active individuals. Clinically act as opportunistic bacteria, associated with mucosal infections of the respiratory and urogenital tracts. Mycoplasmas and Ureaplasma species can cause sexually transmitted infections like bacterial vaginosis (BV), cervicitis, PID, infertility in non-pregnant females and chorioamnionitis, endometritis, postpartum fever, premature birth or spontaneous abortion in pregnancy and urethritis in males. Sexual contacts should be encouraged to be tested and treated simultaneously to prevent recurrence in the patient.

Both organisms lack cell wall hence beta lactam antibiotics are not effective. Macrolides and Quinolones are effective but anti-microbial resistance is creeping.

General advice for along with above treatment as follows:

- o Regular salt or warm water only washes (no douching)
- o Good Personal Hygiene
- o Avoid irritants (soaps/perfumes)
- o Use barrier protection during sex

LACTOBACILLUS:

Lactobacillus is the predominant genus in a healthy vaginal microbiota, and functions to inhibit the adhesion and proliferation of opportunistic and primary pathogens.



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The presence of different Lactobacillus species is a major factor in the stability of the vaginal microbiome. Women with L. iners-dominant microbiomes are more likely to harbor Candida than women with L. crispatus-dominant microbiomes (due to higher production of lactic acid by L. crispatus compared to L. iners), leading to better anti-Candida activity (impeding Candida colonization) than L. iners through a greater production of lactic acid. Furthermore, L. iners dominance has been associated with other negative health outcomes such as increased risks of Chlamydia trachomatis infection, incident Bacterial Vaginosis and defects in vaginal mucus that compromise antiviral barrier function.

TOTAL LACTOBACILLUS LEVELS LOW:

Total Lactobacillus quantification should be $>1 \times 10^6$ CFU/ml in a healthy Vaginal Microbiome. Production of H₂O₂ by Lactobacillus species is essential in inhibiting the overgrowth of pathogens. In cases where total Lactobacillus levels are low, presence of pathogenic bacteria should be reviewed and probiotic therapy should be considered. Microorganisms not belonging to the Lactobacillus genus with the population equal to or greater than 1×10^5 CFU/ml is considered to be disturbing the vaginal ecosystem equilibrium.

References:

Pacha-Herrera et. al., 2020, Frontiers in Cellular and Infection Microbiology, 10:303.
Oerlemans et. al., 2020, Europe PMC, 10(11).
Tomusiak et. al., 2013, Polish Society of Gynaecologists, 84:352-358.

Sex. Transmitted Infection Comments

TRICHOMONAS VAGINALIS – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.

CHLAMYDIA TRACHOMATIS – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.

NEISSERIA GONORRHOEAE – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.

HERPES SIMPLEX VIRUS Type 1 – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.

HERPES SIMPLEX VIRUS Type 2 – Not Detected:

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Vaginal Candidiasis Comment:

VAGINAL CANDIDIASIS (VC):

Candida sp. are both opportunistic fungal pathogens and commensal members of the vaginal microbiome.

VC is defined by disruption in Lactobacillus dominance (Total Lactobacillus $<10^6$ CFU/ml) and high levels of Candida sp. ($>10^5$ CFU/ml).

VC is predominantly caused by Candida albicans, with other species (C. glabrata, C. krusei, C. tropicalis, C. parapsilosis) also causative, although with milder symptoms.

VC is not associated with elevated vaginal pH levels. It is rare for fungal infections to be present combined with bacterial vaginosis.

VC symptoms include itching, discharge (typically white), burning sensation, dysuria (painful urination), dyspareunia (pain during sexual intercourse) and reddening of vaginal tissue due to invasion of the epithelium by Candida species. Asymptomatic vaginal candidiasis is also relatively common and does not require treatment. Risk factors include antibiotic use, poorly controlled diabetes mellitus, low immunity and oestrogen therapies.