

CLINICAL EVALUATION OF DEQUADIN IN THE TREATMENT OF VAGINAL INFECTIONS & INFESTATIONS

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The incidence of infections and infestations is high and is encountered in all decades of life. Trichomonal vaginalis vaginitis occurs frequently and is probably the most common aetiological factor in the production of leucorrhoea. Lloyd (1945), in an investigation of 1,000 women whose primary complaint was vaginal discharge, found that 44.7 per cent had a trichomonal infestation. Two other causes of discharge often detected are moniliasis and "non-specific" vaginitis. The former is an infestation of the lower genital tract with fungi, most commonly with one of the yeast-like organisms. The latter is a term applied to cases of vaginitis "associated with a mixed bacterial flora, composed of organisms usually regarded as saprophytic or of a very low degree of pathogenicity." (Bornstine and Rakoff, 1953).

In the treatment of vaginal discharge due to these conditions numerous medicaments have been reported as effecting a high percentage of cures. Consequently the following clinical study was instituted to ascertain the value of dequalinium chloride pessaries in the topical treatment of these infections and infestations. Dequalinium chloride ("Dequadin". Allen & Hanburys Ltd.) is an antibacterial substance with a wide antimicrobial spectrum.

For this investigation a special clinic was established in the Kandang Kerbau Hospital for Women, Singapore, to which all patients, whose chief complaint was vaginal discharge, were directed. Each patient who came was examined gynaecologically and all those with evidence of chronic cervicitis and erosion were excluded from the series. Swabs and wet smears, from most patients in the series, were taken at the first examination but unfortunately, due to shortage of staff and pressure of work, proper laboratory evaluation of the drug was not possible.

Altogether seventy patients have been included and of these thirty-six had clinical trichomonas vaginalis vaginitis; thirty had clinical non-specific vaginitis and four had vaginal thrush. Each patient was seen at weekly intervals after the first visit. Those with the above conditions were given a supply of Dequadin vaginal pessaries and asked to insert one pessary well up into the vagina first thing in the morning and to insert another pessary in the same manner at bedtime. At each visit a further supply of the drug was issued and each patient instructed to continue the treatment regardless of a possible intervening menstrual period and regardless of possible relief of symptoms. The therapeutic results are shown in the following table.

THERAPEUTIC RESULTS OF DEQUADIN TOPICAL THERAPY

<i>Disease</i>	<i>Dosage</i>	<i>No. Treated</i>	SYMPTOMS		<i>Absent</i>
			<i>Unchanged</i>	<i>Improved</i>	
Trichomonal Vaginitis	Vaginal pessaries 1 b.d. x 14	36	30	5	1
	x 28	35	10	20	5
	x 42	30	1	2	27
	x 56	3	1	1	1
Non-specific Vaginitis	Vaginal pessaries 1 b.d. x 7	30	13	14	3
	x 14	27	7	4	16
	x 21	11	2	1	8
	x 28	3	—	—	3
Vaginal Thrush	Vaginal pessaries 1 b.d. x 7	4	3	2	1
	x 14	3	—	1	2

From the purely clinical aspect the use of Dequadin Pessaries produced a good response in the alleviation of the patients' symptoms. In those cases with trichomonal vaginalis vaginitis it would seem that therapy should be continued for a period of at least six weeks and in cases with non-specific vaginitis for at least three weeks. Patients with vaginal moniliasis were not numerous enough for statistical assessment but the pessary was effective in eradicating the symptoms in the four cases encountered following two weeks' treatment. In the whole series there was no evidence that Dequadin pessaries produced irritation or sensitization.

SUMMARY

1. A series of 70 patients, whose chief complaint was leucorrhoea, were treated with Dequadin vaginal pessaries. Thirty-six cases had clinical trichomonal vaginitis, thirty had non-specific vaginitis and four had vaginal moniliasis.
2. The pessary produced a good result in the alleviation of symptoms.
3. The pessary did not cause irritation or sensitization.

REFERENCES

- Bernstine, J.B., & Rakoff, A.E. (1953)
Vaginal Infections, Infestations and Discharges.
The Blakiston Co. Inc., New York, p. 383.
- Lloyd, O. (1945). Brit. Med. J., I, 509.

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