Clinical Experience with Solcotrichovac[R] in the Treatment of Chronic Vaginal Trichomoniasis

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ABSTRACT

65 PATIENTS with chronic Trichomonas vaginitis were vaccinated with SolcoTrichovac, a vaccine prepared from inactivated Lactobacillus acidophilus microorganisms. 55 of these patients remained free from Trichomonas reinfections during the individual observation period that varied from 3 - 12 months.

SolcoTrichovac vaccination seems to be a better public health tool to curb the spread of trichomoniasis than the curative methods in use to date.

SolcoTrichovac is a lyophilised vaccine prepared from inactivated Lactobacillus acidophilus microorganisms, that normalises the vaginal bioflora disturbed by Trichomonas vaginalis. At the same time, the pathogenic protozoa are eliminated and the clinical signs and symptoms of vaginitis are abolished.

The imidazole group of drugs are excellent protozoocides but the rate of Trichomonas reinfection is extremely high. Vaccination with the new vaccine SolcoTrichovac seems to overcome this problem. Controls up to 1 year following vaccination have shown a very low recurrence rate.

From October 1980 to January 1982 the following investigation was carried out at the Salmaniya Hospital with the aim of determining the effectiveness and safety of the vaccine in the control of trichomoniasis in women.

MATERIAL AND METHOD

Women attending the gynaecology clinic and complaining of vaginal discharge were included in the trial after wet preparation revealed trichomonads. Pregnant women were excluded from the study.

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The investigator performed routine gynaecological examinations, and examined Papanicolaou smear or wet smear every time the patients came to the clinic on appointed days. Cultures of Trichomonas vaginalis were also prepared in most instances.

TREATMENT SCHEME

After the diagnosis of trichomoniasis was confirmed, primary vaccination with SolcoTrichovac consisting of 3 intramuscular injections of 0.5 ml each was given. The injections were given at the following intervals: at week 0, 2 and 4. A booster injection, also of 0.5 ml, was given to a number of patients one year after the primary immunization.

Imidazole derivatives were given to most patients upon entering the study.

Primary vaccination was given to 76 patients. Of these 65 were followed for 3 to 24 months and are the subject of this report.

RESULT

Table 1

Age distribution of the patients affected with Trichomonas vaginitis.

Age range	Number of patients
18 — 20	5
21 — 30	32
31 — 40	23
41 — 45	3
Unknown	2
Total	= 65

Table 1 shows that the patients were aged between 18 and 45 years which is the age range of maximum coital activity. In the study by Ruttgers and Lorenz 65% of the patients were between 20 and 40 years.

TABLE 2

Duration of vaginitis before treatment with SolcoT-richovac

1 month or less	19 patients
2 to 4 months	30 patients
8 to 12 months	5 patients
more than 12 months	3 patients
Unknown	8 patients
Total — 65 patients	

As can be seen from table 2 most patients treated with SolcoTrichovac had been — upon entering the study — suffering from chronic vaginitis that had lasted for many months on average. This suggests that previous treatment with the usual chemotherapeutic drugs did not prevent reinfections and also that the patient material consisted of chronic cases of vaginitis, difficult to treat.

Also in our experience, Trichomonas could be eliminated rapidly, i.e. within two weeks in most cases, following treatment with imidazole; however, vaccination with SolcoTrichovac gave a protection against reinfections which was not available previously.

TABLE 3

SolcoTrichovac vaccination — protection against reinfection by Trichomonas vaginalis.

Following Vaccination remained Trichomonas vaginalis negative	Number of patients
during entire observation period of	
3 months	8
5 - 9 months	19
11 - 12 months	28*
	= 55 (83%)
Following vaccination, Trichomonas vaginalis reinfection	
1 — 6 months later	4

* One patient (No. 824) had a short episode of trichomoniasis at 2½ months following vaccination. However, at the check-up at 9 months she was free of Trichomonas.

As can be seen from table 3, 55 out of 65 patients (83%) with chronic Trichomonas vaginitis remained free from Trichomonas reinfections 3 to 12 months following primary vaccination. It is quite possible that in those patients who had been followed up for 3 months only, a longer protection was in fact achieved.

DISCUSSION

Although the number of cases studied was small (65 patients) this study confirms the findings of other investigators. Ruttgers and Lorenz obtained trichomonal elimination in 84% of the patients, after the 3rd vaccination. Litschgi et al. saw elimination of trichomonads in 93% of patients 4 months after the beginning of vaccination.

As shown in our study, 83% of the patients were free from trichomonads for the period of 3 to 12 months after the beginning of vaccination. At the same time in all our patients the clinical symptoms of vaginitis disappeared after vaccination with SolcoT-richovac.

We believe that our results are of special interest as the women treated with SolcoTrichovac had been suffering from chronic Trichomonas vaginitis, i.e. they were subject to frequent reinfections.

The high drop-out rate of patients in this study was not due to any side-effects of the vaccine as it was extremely well tolerated but rather to the clinical improvement of the patient's condition frequently seen after two injections of the vaccine.

Obviously, long-term observations are needed to determine the exact duration of immunity against Trichomonas conferred by the vaccination with SolcoTrichovac.

CONCLUSION

We conclude that Solotrichovac vaccination seems to be a better public health tool to curb the spread of Trichomoniasis than the curative methods in use to date.

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