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Letter to the Editor

To the Editor:

The article *Semiquantitative Bacterial Observations with Group B Streptococcal Vulvovaginitis* by G.R.G. Monif (Infect Dis Obstet Gynecol 1999;7: 227–229) deserves comment. The clinical description of these four women with regard to the appearance of the vulvar vestibule could suggest a number of different diagnoses. Among these are Lichen planus and contact dermatitis. Simply the isolation of group B streptococcus in whatever quantity cannot make the diagnosis of a vulvovaginitis without knowing the histology of the skin and the exclusion of other infectious agents such as *Candida*. The author has not demonstrated that group B streptococcal vulvovaginitis exists.

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Author's Response

Group B streptococcal (GBS) vulvovaginitis is a well described but underdiagnosed clinical entity. Descriptions of this disease entity have existed in both the 3rd (1992) and 4th (1999) editions of *Infectious Diseases in Obstetrics and Gynecology*. A relative large series of cases was presented by Jennifer Gunter, MD, at the International Infectious Disease Society for Obstetrics and Gynecology's annual meeting in 1998. More recently, Honig et al. from the Netherlands published a single case report (Infect Dis Obstet Gynecol 1999;7:206–209).

Diagnosis is an exercise in the scientific method: gather data, make a hypothesis, construct an experimental design to challenge the hypothesis, and reevaluate the hypothesis in view of the results.

Women with GBS vulvovaginitis have a characteristic presentation. On the basis of these clinical findings and supported by the magnitude and pattern of recovery of GBS, a hypothesis of GBS vulvovaginitis is made. The experimental design to challenge the hypothesis is administration of ampicillin. The rapid disappearance of symptoms and concurrent eradication of GBS sustains the hypothesis.

If the cases reported were due to a hypersensitivity response to *Candida albicans* or its degradative products, wet mount coupled with the cultures performed would have readily identified the presence of this microbe. Clinics that do not perform level-II wet mount/KOH preparation examinations often misdiagnose GBS vulvovaginitis.

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