[Arch Gynecol Obstet.](https://www.ncbi.nlm.nih.gov/pubmed/30953190" \o "Archives of gynecology and obstetrics.) 2019 Jul;300(1):1-6. doi: 10.1007/s00404-019-05142-8. Epub 2019 Apr 5.

**An update on the role of Atopobium vaginae in bacterial vaginosis: what to consider when choosing a treatment? A mini review.**

[Mendling W](https://www.ncbi.nlm.nih.gov/pubmed/?term=Mendling%20W%5BAuthor%5D&cauthor=true&cauthor_uid=30953190)1, [Palmeira-de-Oliveira A](https://www.ncbi.nlm.nih.gov/pubmed/?term=Palmeira-de-Oliveira%20A%5BAuthor%5D&cauthor=true&cauthor_uid=30953190)2,3, [Biber S](https://www.ncbi.nlm.nih.gov/pubmed/?term=Biber%20S%5BAuthor%5D&cauthor=true&cauthor_uid=30953190)4, [Prasauskas V](https://www.ncbi.nlm.nih.gov/pubmed/?term=Prasauskas%20V%5BAuthor%5D&cauthor=true&cauthor_uid=30953190)4.

**Abstract**

**INTRODUCTION:**

Bacterial vaginosis (BV) is the most common vaginal disorder in reproductive-age women. The condition is characterised by the replacement of a healthy, lactobacilli-dominated vaginal microbiota by anaerobic and facultative anaerobic bacteria. BV increases the risk of acquisition of STIs and is associated with pregnancy complications. Although the composition of the bacteria in BV varies between individuals, there are some species such as Gardnerella, Atopobium, Mycoplasma, Snethia, Megasphera, Dialister, etc., that are found most frequently.

**MATERIAL AND METHODS:**

Literature research to the importance of Atopobium vaginae in BV and treatment options.

**RESULTS:**

Atopobium (A.) vaginae is an important component of the complex abnormal vaginal flora in BV; even though A. vaginae, like Gardnerella vaginalis, has also been detected in the normal flora, it is much more common in BV patients. A. vaginae has been shown to play an important role in the pathophysiology of BV and is thought to be at least a partial cause of the known negative sequelae. The presence of A. vaginae in the BV-associated biofilms and its resistance to some antimicrobial substances has been described - this seems to have a major impact on treatment outcome.

**CONCLUSION:**

Current scientific data demonstrate that dequalinium chloride (Fluomycin®) is one of the valid therapeutic options for BV treatment, since it displays a broad antimicrobial spectrum against relevant vaginal pathogens, especially against G. vaginalis and A. vaginae, without having safety concerns.

In this article, the association of A. vaginae with BV was studied and it has been confirmed that A. vaginae has been found in the normal vaginal flora (8% up to 25%), it is detected more frequently in patients with BV (50% to 96%). The involvement of A. vaginae in biofilm formation in BV has been demonstrated and related treatments have been discussed. In many countries including the United States, the mainstay of BV treatment is still oral or vaginal metronidazole once or twice a day for 5–7 days, like what the physician did in my presenting case. Also, vaginal clindamycin is considered as one of first-line treatments. But after these conventional treatments, the failure or recurrence of BV maintains a big problem. Persistence of an adherent bacterial biofilm, containing mostly G. vaginalis and A. vaginae, is thought as a major reason responsible for the failure of BV treatment. Other treatments against BV that are being studied include antiseptics, probiotics, plant-derived compounds, vaginal acidifying, buffering agents, and various combination therapies. Among them, a group of antimicrobial substances belonging to antiseptics, such as dequalinium chloride (DQC), have been paid much attention, because it is a broad antimicrobial spectrum effectively against related pathogens, especially G. vaginalis and A. vaginae, without any serious side effects. Since BV is the most common vaginal infection in reproductive-age women and leads to increased risks of STIs and pregnancy complications, it is very important to find effective and safe treatments. This study has great significance in guiding the clinical treatments of BV.