Summary of the vulvovaginal candidiasis diagnostic and management pathway

**Presentation**
- Acute VVC
- Recurrent VVC (good/complete response to Tx)
- Recurrent VVC (poor/partial response to Tx)

**Diagnostics**
- Microscopy for blastospore/pseudohyphae (in level 3 GUM setting)
- Microscopy and HVS for fungal culture, identification (to at least C. albicans/non-albicans), sensitivity testing for fluconazole
- Fluconazole susceptible Candida
- Fluconazole resistant Candida
- Azole resistant Candida
- Nystatin resistant Candida
- Consider alternative or additional diagnoses (lichen sclerosus, vulval pain syndromes, etc)

**Therapy**
- 1st line: fluconazole 150 mg PO stat; 2nd line: clotrimazole 500 mg PV[A]
- Suppressive therapy with induction (150 mg 3x/week) then weekly 150 mg fluconazole for 6 months[A]
- 100,000 IU nystatin pessaries for 14 nights[A]
- 600 mg boric acid pessaries for 14 nights[A]
- Consider alternative or additional diagnoses (lichen sclerosus, vulval pain syndromes, etc)

Abbreviations: GUM=genitourinary medicine, HVS=high vaginal swab, PO=per os (by mouth), PV=per vagina, Tx=treatment, VVC=vulvovaginal candidiasis

[A] See relevant section in the full guideline for more detail and other treatment options