## **BV PEARLS**

A NEW APPOACH TO TREATING BACTERIAL VAGINOSIS IS REQUIRED

Bacterial vaginosis (BV) has an estimated prevalence of 20-50% in the African population.<sup>1</sup> Although antibiotics such as metronidazole and clindamycin are standard treatment for BV, more than 50% of women experience recurrent episodes within 6-12 months.<sup>2</sup> This may be due to failure of antibiotics to fully eradicate vaginal biofilms involved in the pathogenesis of BV.<sup>3</sup>

## OTHER POTENTIAL ISSUES WITH STANDARD ANTIBIOTICS (ORAL AND VAGINAL) INCLUDE:

Failure to re-establish Lactobacillus dominant flora, resulting in relapse<sup>4</sup>

Rapid recurrence after antibiotics are stopped<sup>4</sup>

Local and systemic side effects<sup>2,4,5</sup>

Cost & adverse effects may limit treatment duration<sup>4</sup>

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5 Secondary vaginal candidiasis<sup>4,5</sup>

In Africa, where genital inflammation associated with BV may increase HIV risk, there is an urgent need to rethink and improve standard treatment for BV.<sup>1,2</sup>



A non-antibiotic biofilm-disrupting vaginal gel that treats BV, prevents recurrence and restores normal vaginal flora balance<sup>6,7</sup>

**REFERENCES: 1.** Happel A-U, et al. MedRxiv May 2020; https://doi.org/10.1101/2020.05.04.20090282. **2.** Marcotte H, et al. BMC Infect Dis 2019; 19:824. **3.** Machado D, et al. Front Microbiol 2016; 6:1528. **4.** Sobel JD, et al. Am J Obstet Gynecol 2006; 194:1283-1289. **5.** Han SW, et al. Int J Reprod Contracept Obstet Gynecol 2017; 6(10):4213-4216. **6.** Betadine BV gel IFU, April 2020. **7.** Data on file. Clinical Evaluation Report, July 2018, Starpharma Pty Ltd.

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