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Recurrent Vulvovaginal Candidiasis (RVVC)

RVVC with worldwide distribution, affecting all strata of society remains a major therapeutic challenge that is unmet by currently available antifungal agents. For three decades, the pipeline of new potent antifungal drugs has remained empty, denying practitioners more effective therapy. At the same time, there has been little enhanced understanding of the pathogenesis of RVVC. New data has revealed a growing role for host genetic factors in determining host susceptibility partnering behavioral factors in precipitating symptomatic acute VVC. Diagnostic progress in VVC has been slow in spite of availability new molecular methods, fostering endemic over and underdiagnosis of VVC. The absence of new more potent antifungals, has resulted in strategies which effectively control but fail to cure RVVC. Faced with increased drug resistance in both C.albicans and non-albicans Candida species, two new antifungal drugs have finally arrived, to be available in 2021, are more potent and with superior pharmacokinetics that should be invaluable in RVVC and will be discussed.