Introduction

Bacterial vaginosis (B.V) is a polymicrobial disorder characterized by increase in vaginal pH over 4.5, a reduction in or absence of lactobacillus colonization and overgrowth of several facultative and obligatory anaerobic bacteria ***(Hay et al 1992, Guise et al., 2001).***

It is the commonest cause of lower genital tract infection among women in childbearing period, although 30-40 % of the cases are asymptomatic ***(Hay et al., 1992).***

It accounts for 36 % of patients attending sexually transmitted diseases clinics & 29 % of patients attending family planning clinics and 10 – 25 % in obstetric clinics ***(Thomason et al., 1990).***

Bacterial vaginosis is diagnosed in up to 23 % of pregnant women. Although B.V itself is harmless condition, it is linked to pregnancy complications including miscarriage, preterm delivery, preterm premature rupture of membrane, amniotic fluid infection, post partum infection , post C.S. wound sepsis and pelvic infection after child birth**.** ***(Gallagher et al. 2004)***.

There is an association between bacterial vaginosis and postoperative infection. 35% of women with clue cells detected in vaginal smear developed vaginal infection or wound infection after abdominal hysterectomy ***(larsson et al., 1991).***

Also clinical trials demonstrated important reduction in many of these adverse events with appropriate screening & appropriate antimicrobial treatment ***(Berg and Garham, 2004).***

Organisms associated with bacterial vaginosis have also been recognized as agents of female upper genital tract infection, strong evidence show that bacterial vaginosis may cause pelvic inflammatory disease in non-pregnant women in the absence of gonorrhea and Chlamydia, consequently, bacterial vaginosis could be associated with tubal factor of infertility ***(Wilson et al., 2002).***

Although bacterial vaginosis is not considered a true sexually transmitted infection, yet it is correlated with sexual activities ***(Shwebke et al., 1999).*** It has been suggested that the pathogenesis of bacterial vaginosis may be similar to that of urinary tract infections, with the distal intestinal tract and the mouth serving as a reservoir for some bacterial vaginosis- associated flora ***(Spiegel, 1991).***

No single microorganism is detected in all women with B.V, though gardnerella vaginalis (G.V.), Bacteroides species and Mycoplasma hominis (M. hominis) were detected in most studies ***(Spiegel el al. 1980, Hiller et al., 1990).***

Although bacterial vaginosis is generally believed to be an endogenous condition, a number of behavioral factors are involved, such as the use of contraceptives ***(Shoubnikova et al., 1997)***, vaginal douching ***(Ness et al., 2002)*** and smoking habits ***(Hellberg et al., 2000).***