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# Foreword

Since the middle of the 19th century, the fight against infections has been crucial in advancing gynecology and obstetrics. Today, it is hard to imagine the suffering associated with the epidemics of childbed fever in the obstetric hospitals of those days. Ignaz Philipp Semmelweis, a 29-year-old assistant physician at the first maternity hospital in Vienna, Austria, was among the pioneers who—based on observation and with great courage—paved the long and difficult path leading to today's sophisticated diagnostic and therapeutic options. We easily forget that the battle against infections has led us to extraordinary achievements in obstetrics as well as medicine in general. Development of modern surgery would be unthinkable without these successes.

During the course of the 19th century, infectiology in the widest sense developed into a conventional scientific field that gave rise to important findings and impulses for gynecology and obstetrics also. Problems surfaced that were specific for the field, such as in the field of bacteriology of the natural vaginal flora, infections in the genital region with consequences like severe dysfunctions of female reproduction, and obstetric infections with consequences for mother and child.

Even today, infectiology confronts us constantly with new and unexpected problems that are often of vital importance. Such grave viral diseases are still escaping effective therapeutic interventions. Intense scientific attention to infec-

tious diseases is therefore absolutely essential in gynecology and obstetrics, and this includes close cooperation with the appropriate theoretic disciplines, on the one hand, and specialists within the discipline who are most familiar with the specific problems, on the other.

For many years, Eiko E. Petersen has been one of those specialists and has proved himself through systematic, clinical research in gynecologic infectiology. The present monograph originated from his experience as a physician and researcher. In the General Section, the book provides an overview of the current state of infectiology as a whole, with special reference to specific features of the discipline. The extensive Special Section covers the complete range of infection-related questions and problems in gynecology. The book fills a gap in the textbook domain at the right point in time. Not only does it provide information and will thus become an indispensable guide; it will also directly influence the quality of our actions because of its practice-oriented layout. I sincerely hope that this textbook will reach a wide distribution among fellow specialists.

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The diagnosis of specific and, in particular, non-specific infections in gynecology is, even today, far more difficult than it seems. Cultivation of specific microorganisms from the vulvovaginal region is still difficult and labor- and cost-intensive, and the pathogenesis of many microorganisms is still not clearly understood.

The author's attempt to give gynecologists some insight into this field of diagnosis, but also into the problems of the manifold questions of infectiology and chemotherapy should be applauded in every respect.

Dr. Petersen is one of a few gynecologists who have long-term experience in the fields of microbiology and virology. This is clearly apparent from the General Section. I find this part espe-

cially worth reading, not just for the gynecologist but also for every physician in practice.

Current knowledge on the multitude of old and new infections is clearly structured and extremely well illustrated. As a result, the book is no doubt an important reference material for the attending physician. Moreover, the book makes it clear that the field of infectiology is, first, a matter of knowledge.

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# Preface

Infectiology continues to change. The awareness of infections has noticeably increased in recent years. There is hardly a headline more disturbing than that about a disease that has recently been discovered but is not yet treatable. The incidence and implications of pathogens are changing. The large number of publications and books in this field provides evidence for the increasing interest.

However, it is evident that the perspectives are changing as well, one example being the realization that pathogens sometimes found in the genital region are often overrated. Not every inflammation is always the result of an infection, and many infections of the external genital region cannot be cured in the long term by anti-infectants alone. The infections that bring patients to us today are rarely caused by true pathogens. The majority of infections are caused by microorganisms that do normally not harm us, thanks to our immune system. Many of these microorganisms colonize us for life, or we pick them up temporarily from the environment. Hence, it is not so much the individual pathogen but the host's condition and reaction to the pathogen that lead to infection and inflammation.

Damage to our immune system by wasting diseases like cancer, by chemotherapy, or extensive surgery turn our own flora into a risk factor. However, the individual genetic make-up of a person is also a reason why some people are more susceptible than others. Paying attention to the patient's history is therefore central to good medical care. In addition, resistant pathogens are increasingly spreading in hospitals and seniors' homes. Genetically determined forms of mild, partial immunodeficiencies—which are being increasingly diagnosed—explain some, so far unclear, recurrent infections that are as dangerous as they are annoying.

Clinical assessment has top priority: a patient rarely presents with a known pathogen but rather with complaints and symptoms, and different pathogens may cause very similar clinical pictures. To start with, it is not the detection of

the pathogen but the evaluation and assessment of the patient's condition and symptoms that are most important. For this reason, the diseases caused by various pathogens are compared with one another in detail. In particular, the use of photographs helps to illustrate differences between infections, and their similarities, much faster and more permanently than a long text. The original concept of this book—namely, to provide the attending physician with quick information about infections and about the practical aspects arising from them—remains unchanged, even though the range of pathogens and infections has clearly expanded.

In cases of severe, life-threatening infections, particularly those caused by group A streptococci; the recognition of early symptoms is decisive for the prospect of healing. When the clinical presentation is not clear, only the knowledge and identification of the symptoms will lead to the appropriate laboratory tests and to a timely, correct, and therefore sometimes life-saving antibiotic treatment.

Described in greater detail are other causes of complaints in the external genital region, such as skin lesions and dermatoses. Only a few pathogens induce serious infections in the region of the vulva. In this sensitive region, which is richly colonized by bacteria, some infections and many problems result from skin lesions and incorrect skin care. Overrating some bacteria detected in cultures from the vulval region will only burden the patient and cause unnecessary costs.

If it rains into my house, I do not fight the rain but take care of my roof. Applied to the genital region, this means that I need to improve the normal flora (lactobacilli) of the vagina in order to prevent disturbances, and that I take care of the epithelium of the vulval and perianal region. As in previous editions, this book addresses many of my colleagues' questions regarding problems in their daily practice. Such questions still reach me daily, thanks to a trustful and loyal collaboration.

Eiko E. Petersen