



infected cases who represented the study group and for whom completely follow up was possible. Twenty-six trichomoniasis cases were treated with metronidazole, 2 grams in a single dose given orally with the other 23 cases treated with nimorazole, 2 g in a single dose given orally. The cure rate of both drugs was 100 percent on day 1 and on day 7. The therapeutic effect after treatment were still vaginal discharge, itching sensation and cervical inflammation with minor side effects of nausea, vomiting, anorexia, dizziness and bitter aftertaste. Most of infected cases had pH values of, leukorrhoea and an itching sensation as the most common signs and symptoms. There was an association of trichomoniasis between vaginal pH of 5, 7, 8, yellowish, frothy, foul odour, leukorrhoea, itching sensation, strawberry cervix, dyspareunia and non-symptomatic appearance. These specific trichomonad characteristics were of clinical value in the diagnosis of trichomoniasis are helpful in the replication of laboratory identification for the prevention of diagnostic errors in doubtful cases. The low side effect, not expensive, high effectiveness and single dose, the metronidazole and nimorazole 2 g given orally single dose should be the drug of choice in the T. vaginalis infection control program. According to the above mentioned, the truly successful control program for trichomoniasis should consist of vaginal discharge examination, chemotherapy, continuous application of the post-treatment measures, periodic pre-survey and treatment which include both the prostitutes and their partners and also let them to concern about the dangerous of other STD. The control program must also have helped in the prevention of the infection by many STD besides T. vaginalis .