

**Effect of Dual-Modality Male Partner Treatment on Bacterial Vaginosis Recurrence: A Systematic Review**

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Raschilla, OF; Weir, B; Nemec, EC; Rose, SJ.

**Corresponding author:**

Suzanne Rose

srose@stamhealth.org

**Author Affiliation:**

Stamford Health.

**ADMINISTRATIVE INFORMATION****Support** - None.**Review Stage at time of this submission** - Data extraction.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202620056**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 17 February 2026 and was last updated on 17 February 2026.**INTRODUCTION**

**Review question / Objective** In biological females diagnosed with bacterial vaginosis, does concurrent treatment of male sexual partners with combined oral and topical antimicrobial therapy, compared with standard female-only treatment, reduce the rate of bacterial vaginosis recurrence?

**Rationale** Bacterial vaginosis (BV) is a prevalent vaginal condition characterized by disruption of the normal vaginal microbiota and is associated with significant health sequelae and emotional distress related to recurrent symptoms. Despite effective initial treatment, recurrence remains common. Emerging evidence suggests that male sexual partners may harbor BV-associated bacteria, contributing to reinfection and persistent disease. The rationale for conducting this systematic review is grounded in the ongoing uncertainty surrounding the effectiveness of treating sexual partners of patients with bacterial vaginosis to reduce recurrence rates, despite decades of investigation.

BV is well recognized for its high rate of recurrence following standard treatment, yet the role of sexual partner management in preventing relapse remains unresolved. Existing evidence has largely shaped current clinical practice and guideline recommendations, which generally do not support routine treatment of male partners. However, these recommendations are based on a limited and outdated evidence base that may no longer reflect contemporary treatment strategies.

This systematic review is therefore necessary to consolidate and critically appraise the existing evidence, distinguishing outdated findings from more recent studies. By quantifying the pooled effect of dual-modality male partner treatment on BV recurrence, this review aims to address key knowledge gaps left unanswered by prior analyses. The results have the potential to directly influence clinical decision-making and inform updates to evidence-based guidelines, clarifying whether routine dual-modality antimicrobial treatment of male partners should be reconsidered and integrated into standard clinical practice.

**Condition being studied** Bacterial Vaginosis.

## METHODS

**Search strategy** A systematic literature review was performed utilizing EBSCOhost to simultaneously search CINAHL Ultimate, Academic Search Premier, MEDLINE with Full Text, Cochrane Database of Systematic Reviews, and the Cochrane Central Register of Controlled Trials from August 1, 2016, to January 10, 2026. The following Boolean/ Phrase search string was developed in collaboration with a health sciences librarian: "bacterial vaginosis " AND "partner therapy" OR "partner treatment" AND "relapse" OR "recurrence". Search results were then filtered to include only those that had full texts available, were peer-reviewed, and published within the past 10 years.

A grey literature search was conducted using similar keyword searches on Google Scholar and ClinicalTrials.gov. Additionally, the reference lists of included studies were searched in Scopus to identify additional relevant studies.

**Participant or population** The study selection was based on the following inclusion criteria: women  $\geq$  18 years old with a confirmed diagnosis of bacterial vaginosis who reported sexual activity exclusively with a single male partner. Eligible studies also required that women receive standard treatment with metronidazole or clindamycin, and male partners received dual therapy with both oral and topical agents. Studies were excluded if they were systematic reviews, meta-analyses, or clinical opinions, or if participants were under 18 years of age, pregnant, breastfeeding, or living with HIV. Studies were not considered if male sexual partners received only single-agent therapy or if no male partner group was enrolled. Studies were also excluded if outcomes relevant to bacterial vaginosis recurrence or treatment efficacy were not reported.

**Intervention** Included studies required male partners received dual therapy with both oral and topical agents.

**Comparator** All women received standard treatment with metronidazole or clindamycin.

**Study designs to be included** Eligible studies were randomized, crossover, or pilot trials published in peer-reviewed journals.

**Eligibility criteria** The study selection was based on the following inclusion criteria: women  $\geq$  18 years old with a confirmed diagnosis of bacterial

vaginosis who reported sexual activity exclusively with a single male partner. Eligible studies also required that women receive standard treatment with metronidazole or clindamycin, and male partners received dual therapy with both oral and topical agents.

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**Information sources** A systematic literature review was performed utilizing EBSCOhost to simultaneously search CINAHL Ultimate, Academic Search Premier, MEDLINE with Full Text, Cochrane Database of Systematic Reviews, and the Cochrane Central Register of Controlled Trials.

A grey literature search was conducted using similar keyword searches on Google Scholar and ClinicalTrials.gov. Additionally, the reference lists of included studies were searched in Scopus to identify additional relevant studies.

**Main outcome(s)** Bacterial vaginosis recurrence.

### Additional outcome(s)

Acceptability of treatment  
Tolerability of treatment  
Adverse Events  
Microbiota analysis.

**Data management** Study screening and data extraction will be performed independently by two reviewers using Covidence. Data will be extracted into a standardized form, with consensus or third party adjudication for discrepancies.

**Quality assessment / Risk of bias analysis** Risk of bias will be assessed using the Cochrane Risk of Bias 2.0 (RoB 2.0) tool for randomized controlled trials and the Risk Of Bias In Nonrandomized Studies of Interventions (ROBINS-I) tool for non-randomized studies. Each study will be rated as low risk, some concerns, or high risk of bias according to the respective tool. For the RoB 2 tool, bias will be assessed across all five domains (randomization, deviations, missing data, measurement, reporting). For the ROBINS-1 tool, bias will be assessed across all seven domains (confounding, selection, classification of interventions, deviations, missing data, outcomes and reported results).

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**Strategy of data synthesis** The data will be abstracted from articles into tabular format and direction of effect will be noted along with statistical significance. Due to the variability in training modalities and outcome measurements, a meta-analysis is unable to be performed.

**Subgroup analysis** Not applicable.

**Sensitivity analysis** Not applicable.

**Language restriction** Only English-language publications will be included.

**Country(ies) involved** United States.

**Keywords** bacterial vaginosis, dual-modality antimicrobial treatment, male partner.

**Dissemination plans** The findings will be disseminated through peer-reviewed publication, presentation at women's healthcare conferences.

**Contributions of each author**

Author 1 - Olivia F. Raschilla.

Email: [raschillao@mail.sacredheart.edu](mailto:raschillao@mail.sacredheart.edu)

Author 2 - Brianna Weir.

Email: [weirb2@mail.sacredheart.edu](mailto:weirb2@mail.sacredheart.edu)

Author 3 - Eric Nemece.

Email: [nemece@sacredheart.edu](mailto:nemece@sacredheart.edu)

Author 4 - Suzanne J Rose.

Email: [srose@stamhealth.org](mailto:srose@stamhealth.org)