Women and doctors often make the diagnosis of vulvovaginal candidiasis on clinical grounds alone, however, the presentation of vulvovaginal candidiasis is not specific, and misdiagnosis can occur as the diagnosis is based on clinical features symptoms and signs, which are neither specific nor sensitive The related symptoms include itching, soreness, vaginal discharge, vulvar swelling, superficial dyspareunia and external dysuria Of these, pruritus and discharge are the most common complaints and vulvar pruritus and soreness are the only symptoms predictive of a positive yeast culture The vaginal discharge varies in amount and consistency from watery to homogenously thick – what is referred to as "cottagecheese like or curd–like and does not have an offensive smell The clinical signs include vulvar erythema, fissures, vulvar swelling, and white discharge The cervix uteri often looks normal due to lack of specificity of these signs all patients with symptomatic vaginitis should be diagnosed on the basis of microscopic examination of vaginal secretions, not only to identify yeast cells, but also to exclude the presence of clue cells or trichomonads Diagnosis of VVC should include microscopy of vaginal discharge, a fungal culture, or other tests such as polymerase chain reaction (PCR) to identify the presence and species of yeast(s)[15 ]Microscopy of vaginal discharge by wet preparation (saline, 10% potassium hydroxide) for the presence of budding yeasts, pseudohyphae, or hyphae is a commonly used, rapid method to confirm a suspected VVC infection Limitations of microscopy include low (40%–70%) sensitivity and less ability to identify certain species, such as C. glabrata, because they do not form hyphae or pseudohyphae.