

## DEFINITION

Balanitis is an inflammation of the glans penis. When the penis and foreskin are affected it is termed balanoposthitis. Posthitis is an inflammation of the foreskin only.

## IMMEDIATE CONSULTATION REQUIRED IN THE FOLLOWING SITUATIONS

- Paraphimosis
  - Condition in which the foreskin, once pulled back behind the glans penis, cannot be brought down to its original position. This impairs venous blood and lymphatic flow from the glans penis and prepuce causing edema of the glans. As the edema worsens, arterial blood flow becomes compromised causing ischemia and vascular engorgement. This can lead to gangrene or autoamputation of the distal penis.
  - Occurs only in uncircumcised or partially circumcised males
  - Requires emergent consultation

## CAUSES

- Infection
  - Causes can be from a number of microorganisms, with Candida being the most common
- Irritation
  - Poor hygiene
  - Allergic reaction to products (latex condoms, contraceptive jelly, soaps)
  - Medication reaction (e.g., tetracycline, salicylates); causing fixed drug eruption
- Trauma
  - Caused by friction, lacerations or erosions of the foreskin
- Skin disorders
  - Circinate balanitis
  - Psoriasis
- Reactive arthritis

## PREDISPOSING AND RISK FACTORS

- More common in men who have not been circumcised
- Diabetes
- Poor hygiene and over washing

**BALANITIS ADULT & PEDIATRIC**

- Non-prescription medications
- Non-retraction of the foreskin
- Certain medications
- Reactive arthritis
- Sexually transmitted diseases (e.g., herpes and gonorrhea)

**HISTORY**

- Symptoms appear over 3-7 days
- Penile pain
- Itchiness often associated with erythematous lesions on glans or prepuce
- Tenderness of the glans or prepuce
- Problems retracting the foreskin
- Thick, foul smelling, purulent discharge is often present
- Dysuria
- Drainage at site of infection
- Erythema of glans
- Swelling of prepuce
- Ulceration or scaly lesions
- Plaques
- Symptoms may be worse after sexual intercourse
- Systemic symptoms may be present, such as painful joints or erections, mouth sores, swollen or painful glands, painful voiding, and malaise or fatigue

**PHYSICAL FINDINGS**

- Swelling and a red appearance to the foreskin and glans penis
- Tightened foreskin
- Discharge around glans
- Examine genitals, in particular for paraphimosis
- Examine oral mucosa, joints, and skin

**DIFFERENTIAL DIAGNOSIS**

- Fungal infection
  - Candida
- Viral infection
  - Herpes simplex Type 1

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- Herpes simplex Type 2
- Human papilloma virus
- Bacterial infection
  - Gonorrhea
  - Chlamydia
- Leukoplakia
- Lichen planus
- Psoriasis
- Reactive arthritis
- Nummular eczema
- Scabies

**COMPLICATIONS**

- Scarring and stenosis of the urinary meatus
  - Can cause ongoing discomfort and difficulty with urination
- Pain with foreskin retraction
- Inadequate blood supply to penis
- Phimosis
  - Inability to retract the foreskin which is a complication of chronic (longstanding) balanitis
  - Documented prerequisite for carcinoma of the penis
- Premalignant to malignant changes resulting from chronic irritation
- Urinary tract infection
- Ulcerative lesions of the glans/prepuce
- Paraphimosis

**INVESTIGATIONS AND DIAGNOSTIC TESTS**

- Diagnosis is usually made clinically but some cases may require:
  - Swab of glans to determine if fungal, bacterial, or viral infection
  - Urine nucleic acid amplification test (NAAT), PCR (polymerase chain reaction), or swab to rule out Chlamydia and gonorrhea
- Serum glucose may be considered to rule out diabetes in a Candida infection

**BALANITIS ADULT & PEDIATRIC**

**MAKING THE DIAGNOSIS**

- Usually made clinically based on health history and physical exam.

**MANAGEMENT AND INTERVENTIONS**

**Goals of Treatment**

- Eradicate infection
- Prevent complications
- Prevent condition (through education about proper penile care)

**Appropriate Consultation**

- Presentation consistent with those identified in the Immediate Consultation Required in the Following Situations section.
- Lesion is well circumscribed, red and velvety, or if there is induration and white patches (could be suggestive of carcinoma in situ).
- If there are systemic signs and symptoms.

**Non-Pharmacological Interventions**

- Warm compresses or sitz baths
- Local hygiene: retract foreskin and wash with warm water two times per day
- Ensure adequate drying of tissues after cleansing and voiding
- Ensure foreskin is easily retractable
- Avoid chemical and soap irritants or allergens

**Pharmacological Interventions**

- Start topical therapy. The choice of agent depends on whether clinical exam suggests a fungal infection or dermatitis.
- Fungal infection:
  - Topical antifungal including clotrimazole or miconazole
    - Clotrimazole (Canestan) 1% cream to affected area bid for 1-3 weeks
    - Or
    - Miconazole 2% cream to affected area bid for 1-3 weeks
  - Oral antifungal for adult
    - Fluconazole 150 mg orally for 1 dose
- Dermatitis

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- Hydrocortisone 1% cream topically to affected area bid for 1 week

**Client and Caregiver Education**

- Counsel client/caregiver about the appropriate use of medications (dose, frequency, compliance, etc.).
- Advise client to keep penis clean.
- Uncircumcised males should be instructed to gently pull back the foreskin, wash the penis with warm water, and ensure that it is dried properly.
- Avoid latex condoms if they cause irritation.
- Wash underwear with mild soap and ensure it is rinsed well.
- Individuals who work with chemicals should be advised to wash hands thoroughly before they void.
- Circumcision is the best treatment option for clients who develop phimosis.

**Monitoring and Follow-Up**

- Reassess client in 1 week to ensure signs and symptoms have resolved.
- Advise client to return to the clinic if:
  - the pain in the penis worsens.
  - he develops a fever or has chills.
  - he develops a purulent discharge from the penis.

**Referral**

- Refer to a physician/RN (NP) if symptoms have not improved within 1 week.
- Refer clients with phimosis.

**DOCUMENTATION**

- As per employer policy

**REFERENCES**

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