



West of Scotland Guideline

Approved February 2018

## BALANITIS

### Whats New

There are no changes to this guideline.

Balanitis - inflammation of the glans

Posthitis - inflammation of the prepuce (foreskin)

Usually occur together as balanoposthitis in the uncircumcised male

It is uncommon in circumcised men.

Aims of treatment: to diagnose and treat sexually transmitted infection  
to minimise sexual dysfunction  
to minimise urinary dysfunction  
to exclude penile cancer  
to treat premalignant disease.

### Symptoms include:

- Rash
- Inability to retract foreskin
- Itch
- Odour
- Dyspareunia
- Dysuria

### Signs include:

- Erythema
- Textural changes such as scaling or leukoplakia (pallor/plaques)
- Purpura
- Ulceration
- Fissuring
- Oedema
- Odour
- Phimosis

If associated with a generalised condition, there may be systemic features eg:

- Lymphadenopathy
- Arthritis

Non-genital rash

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**Investigations / Diagnosis:**

- Consider subpreputial swab for *Candida spp* and bacterial culture in severe cases or where symptoms don't resolve to general hygiene measures
- If candidal infection is present, refer to GP to exclude diabetes
- PCR for *Herpes simplex*/Syphilis if ulceration present (In addition to serology for syphilis)
- Testing for sexually transmitted infections if appropriate
- Refer for biopsy should if a pre-malignant or malignant condition is suspected

**Range of factors causing balanitis**

<b>Infectious</b>	<b>Dermatoses</b>	<b>Miscellaneous</b>
Candida albicans	Lichen sclerosis	Trauma
Trichomonas vaginalis	Plasma Cell (Zoon's) balanitis	Irritant e.g. soaps, shower gels
Streptococci	Circinate balanitis	Poor hygiene
Anaerobes	Psoriasis/eczema	Penile intra-epithelial neoplasia
Gardnerella vaginalis	Lichen planus	
Staphylococcus aureus	Contact allergy e.g. soaps, detergents	
Mycobacteria	Immuno-bullous disorders	
Entamoeba histolytica	Fixed drug eruption	
Syphilis	Stevens-Johnson Syndrome	
Herpes simplex virus		
Human papillomavirus		



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## Management

Where a specific cause is identified management should follow the relevant guideline.

General advice:

- Salt water bathing in addition to hygiene advice
- Avoid soaps when inflammation is present. Soap substitutes include aqueous cream, E45, Dermal
- Oil based creams may affect condom efficacy
- Avoid possible irritants e.g. baby wipes, shower gels, lubricants, hygiene sprays
- Consider a trial of hypo-allergenic condoms if client uses condoms
- If symptoms fail to resolve, consider referring on to senior GU colleague or dermatology for review. A trial of mild topical steroid may be considered.

## References

BASHH UK National Guideline on the management of balanoposthitis, 2008 (accessed online February 2018).

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