



BALANITIS

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Balanitis is an inflammation of the glans penis or prepuce that forms over three to seven days. Uncircumcised men with poor personal hygiene are most affected by balanitis. The condition may present as pain, tenderness, or pruritus associated with small erythematous lesions that become ulcerated or scaly on the glans or prepuce. Thick foul smelling purulent exudate is often produced from the glans penis and edema may follow if patients are not treated appropriately. This inflammation and edema may lead to adhesions with adherence of the prepuce to the glans and scarring of the foreskin. In addition difficulty urinating or controlling urine stream can present in severe cases. Balanitis may be associated with systemic symptoms such as painful joints, dermatologic involvement beyond the penis, mouth sores, swollen or painful glands, and malaise or fatigue.

Balanitis can result from a range of etiologies. One etiological category is infectious agents which include candida, anaerobic or aerobic bacterial infections, human papillomavirus, **herpes simplex**, gardnerella vaginalis, treponema pallidum which causes **syphilis** and borrelia burgdorferi which causes **Lyme disease**.

There are also forms of balanitis that are associated with certain diseases such as circinate balanitis which is associated with adults who have Reiters syndrome and balanitis xerotica obliterans (BXO) in patients with **lichen sclerosus**. Balanitis is also seen in individuals with **Bowen's disease**, **psoriasis**, **leukoplakia** and **seborrheic dermatitis**.

Poor hygiene is also a major contributor to the etiology of balanitis as well as trauma, **contact dermatitis**, allergies and fixed drug eruptions from drugs such as **tetracyclines**, salicylates and phenacetin.

Various tests that can be obtained to confirm the diagnosis include a serum glucose test, a culture of the discharge, a syphilis serology test, a potassium hydroxide test for candida, HIV and human papilloma virus titers in certain severe cases, and an ultrasound or bladder scan for the investigation of urinary obstruction.

In adults with balanitis, diabetes is the most common underlying medical condition. This must be taken into consideration when investigating the development of balanitis in an otherwise healthy individual. Poorly controlled blood glucose is associated with increased occurrence of candidal species beneath the prepuce, which can lead to balanitis. It has been shown that the ingestion of yogurt containing lactobacillus decreases candidal colonization in humans.

The initial management of balanitis should involve careful evaluation for the presence of an immunocompromising medical condition such as diabetes or an HIV infection. Treatment includes the use of topical antifungal agents such as a topical imidazole, either 1% clotrimazole or 2% miconazole applied twice a day for one to three weeks. For severe symptoms patients can use oral **fluconazole** or 1% hydrocortisone cream as an adjunct to topical imidazole. In addition, in cases of resistance or allergy to imidazoles, nystatin cream may be used.

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