CONDITION

Balanitis

Learn about balanitis, including symptoms, common causes, diagnosis, treatment, foreskin care, possible complications, and when to seek urgent help.

WHAT IT IS
Inflammation of the head of the penis

BODY SYSTEM
Reproductive system

MAIN SYMPTOMS
Redness, swelling, soreness, itching

WHAT CAUSES IT
Irritation, infection, skin conditions

HOW IT IS DIAGNOSED
Physical examination, sometimes swabs or biopsy

MAIN TREATMENT
Cause-specific treatment and gentle skin care

CAN IT BE CURED?
Sometimes - depends on the underlying cause

IS IT AN EMERGENCY?
Sometimes - inability to urinate or trapped foreskin

LONG-TERM OUTLOOK
Most cases settle, but recurrent inflammation may scar

Overview

Balanitis is inflammation of the glans, which is the head of the penis. When inflammation also affects the foreskin, it is called balanoposthitis. Balanitis is more common in people with a foreskin, but it can also affect someone who has been circumcised.

The condition can occur at any age. In children, it is often related to irritation or inflammation beneath a foreskin that does not yet pull back fully. This can be normal during childhood. In adults, possible causes include irritation, infection, skin conditions, and health problems such as diabetes.

Balanitis itself is not a sexually transmitted infection, or STI. However, some infections passed through sexual contact can cause similar symptoms or contribute to inflammation. Symptoms after a new sexual contact may need STI testing.

Most cases improve when the underlying cause is identified and treated. Medical assessment is important when symptoms are severe, keep returning, or do not settle with gentle skin care. Persistent changes may sometimes be caused by a long-term skin condition that needs specific treatment.

Symptoms

Symptoms vary according to the cause. They may affect a small area or most of the head of the penis and foreskin.

Common symptoms include:

Some symptoms point toward a particular cause, but appearance alone may not be enough to tell. For example, a yeast infection may cause red, irritated skin with small surrounding spots, while psoriasis may cause smoother, sharply outlined patches. Several conditions can look alike.

Blisters, open sores, a lump, bleeding, or an area that does not heal are not typical features of simple irritation. They should be examined by a healthcare professional. These signs have several possible causes, including infections and inflammatory skin disorders.

In a young child, discomfort, redness, or swelling may lead to crying during urination or reluctance to pass urine. A child's foreskin should not be forcibly pulled back to check beneath it.

- Redness or a change in skin color
- Swelling, soreness, burning, or itching
- Moist, shiny, dry, cracked, or scaly skin
- A rash, spots, or well-defined patches
- Discharge or a thick material beneath the foreskin
- An unpleasant smell
- Discomfort when urinating
- Pain when moving the foreskin or during sex
- A foreskin that feels tighter than usual

Causes and risk factors

Balanitis has many possible causes. Sometimes more than one factor is involved.

Irritation is common. Soap, shower gel, scented wipes, antiseptics, lubricants, spermicides, laundry products, and latex may irritate sensitive genital skin. Frequent washing or scrubbing can damage the skin barrier. Urine trapped beneath the foreskin and incomplete drying can also contribute.

Infections can develop more easily in a warm, moist space beneath the foreskin. Candida , a type of yeast, may cause balanitis, although its presence can sometimes reflect another skin problem rather than being the only cause. Bacteria may also infect inflamed or damaged skin.

Some STIs can cause penile inflammation, sores, or discharge. These include genital herpes, syphilis, and trichomoniasis. Gonorrhea and chlamydia more often cause discharge from the urethra, the tube that carries urine, rather than inflammation limited to the glans. Testing depends on symptoms and sexual history.

Noninfectious skin disorders may affect the penis. Examples include eczema, contact dermatitis, psoriasis, lichen planus, and lichen sclerosus. Lichen sclerosus can cause pale, fragile skin and scarring that tightens the foreskin. Zoon balanitis is a long-lasting inflammatory condition that often appears as a smooth, shiny red or orange patch.

Factors that may increase the chance of balanitis include:

In children, a foreskin that does not retract may be a normal stage of development rather than phimosis caused by scarring. Forcing it back can cause tears, inflammation, and later scarring.

- A tight foreskin, called phimosis
- Difficulty cleaning and drying beneath a retractable foreskin
- Overwashing or using irritating products
- Poorly controlled diabetes, which can increase sugar in the urine and encourage yeast growth
- Medicines or illnesses that weaken immune defenses
- Recent antibiotic use, which can alter normal microorganisms
- Repeated friction or moisture around the genitals

Diagnosis

A healthcare professional usually begins by asking when the symptoms started, whether they have happened before, and which skin or hygiene products are used. They may ask about diabetes, medicines, skin conditions, urinary symptoms, and recent sexual contact. These

questions help guide testing and are part of routine care.

The penis and foreskin are examined for the pattern of inflammation, discharge, sores, scarring, and signs of a tight foreskin. The clinician may also examine nearby skin or lymph nodes.

Testing is not always needed for a mild first episode with an obvious irritant cause. Depending on the situation, tests may include:

If a patch, sore, or thickened area persists despite treatment, referral to a dermatologist, urologist, or sexual health specialist may be needed. A small skin sample, called a biopsy, can identify an inflammatory disorder and rule out precancerous or cancerous changes. Needing a biopsy does not mean that cancer is present.

- A swab from discharge or inflamed skin to look for yeast or bacteria
- Urine or swab tests for STIs
- Blood tests for syphilis or HIV when exposure or symptoms make testing appropriate
- A blood glucose or HbA1c test to check for diabetes, especially when balanitis is severe or recurrent

Treatment and management

Treatment depends on the cause. Until the skin has been assessed, gentle care can reduce further irritation.

Wash with lukewarm water and dry the area carefully. Avoid soap, shower gel, deodorant, antiseptic, and scented products on inflamed skin. If the foreskin moves comfortably, it can be drawn back gently for cleaning and then returned to its normal position. Never leave it trapped behind the glans. Do not force a tight foreskin back.

A clinician may recommend an antifungal cream when a yeast infection is likely or confirmed. A bacterial infection may require a topical or oral antibiotic. Antibiotics like amoxicillin or doxycycline do not treat yeast or noninfectious skin inflammation, so they are not appropriate for every case.

A mild anti-inflammatory steroid cream like hydrocortisone or betamethasone may be used for dermatitis or another inflammatory cause. Stronger or longer treatment may be needed for conditions such as lichen sclerosus, but this should be supervised because genital skin absorbs medicine readily. Persistent psoriasis, eczema, or lichen planus may need specialist treatment.

If an STI is diagnosed, treatment depends on the specific infection. Sexual partners may also need testing or treatment. Avoiding sexual contact until assessment and treatment are

complete can reduce irritation and prevent transmission. Condoms lower the risk of many STIs, although some condom materials or lubricants may irritate sensitive skin.

Blood glucose management is important when diabetes contributes to repeated episodes. A healthcare professional can help review diabetes care rather than treating each episode in isolation.

Circumcision is not routinely needed for a single uncomplicated episode. It may be discussed when inflammation keeps returning, a scarred foreskin cannot retract, or a condition such as lichen sclerosus does not respond adequately to medical treatment.

For children, treatment often centers on warm bathing, avoiding irritants, and allowing the foreskin to develop naturally. A clinician may prescribe treatment if infection, significant inflammation, or scarring is present.

Complications

Most balanitis settles without lasting problems. Repeated or long-lasting inflammation can sometimes cause scarring.

Scarring may narrow the foreskin and lead to phimosis, making retraction difficult or painful. Inflammation can also narrow the urinary opening, called the meatus, and alter the urine stream. Pain may interfere with urination or sexual activity.

Paraphimosis is a separate urgent problem. It occurs when a retracted foreskin becomes trapped behind the glans and cannot be moved forward. Swelling can then restrict blood flow. It requires immediate medical treatment.

Chronic inflammatory disorders need monitoring because they may cause structural changes. Lichen sclerosus is associated with an increased risk of penile cancer, although cancer remains uncommon and balanitis itself does not mean cancer is present. Persistent ulcers, lumps, bleeding, or changing patches should be assessed rather than repeatedly self-treated.

Follow up

Arrange routine follow-up if symptoms do not improve with the recommended treatment, return after treatment, or repeatedly affect the same area. Follow-up is also appropriate if the foreskin becomes progressively tighter or if treatment causes burning, rash, or another unexpected reaction.

Seek prompt medical assessment for a new sore, blister, lump, bleeding area, urethral

discharge, or symptoms following a possible sexual exposure. A sexual health clinic can provide confidential testing and treatment.

Contact a healthcare professional urgently if there is fever with worsening redness or swelling, pus, increasing pain, or difficulty passing urine. A child with penile inflammation and fever or urinary difficulty should receive urgent assessment.

Seek emergency care if:

A naturally nonretractable foreskin in a child is not an emergency if the child is comfortable and urinating normally.

- You cannot pass urine
- A retracted foreskin is stuck behind the glans and cannot be returned
- Pain and swelling become severe or worsen rapidly
- The skin becomes dusky, blue, black, or unusually numb
- You are seriously unwell along with genital swelling or infection symptoms

Sources

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