SYMPTOM

Genital sores - male

Genital sores are blisters, ulcers, cracks, or tender spots on or around the male genitals.

WHAT IT FEELS LIKE
Painful, itchy, tender, or sometimes painless spots

WHERE IT IS FELT
Penis, foreskin, scrotum, groin, or nearby skin

MOST COMMON CAUSES
Friction, folliculitis, genital herpes

WHEN IT IS URGENT
Fever, spreading redness, severe swelling, or trouble passing urine

USUALLY LASTS
Days to weeks, depending on the cause

SEE A DOCTOR IF
Any unexplained sore, especially after sexual contact

Overview

A genital sore is an area of broken, blistered, crusted, or inflamed skin on or around the penis, foreskin, scrotum, groin, or anus. Some sores hurt or itch. Others cause little discomfort.

Genital sores have many possible causes. Friction, shaving, irritated hair follicles, skin conditions, and infections can all produce similar-looking spots. Sexually transmitted infections, or STIs, are important possibilities, but a sore does not automatically mean you have an STI.

It is often difficult to identify the cause from appearance alone. Arrange a medical or sexual health appointment for a new, unexplained sore. Testing is especially important if it appeared after sexual contact or keeps returning.

What it may feel or look like

A sore may begin as redness, a small bump, or a group of blisters. It may then open, form a shallow ulcer, crust over, or heal. An ulcer is an area where the surface of the skin has worn away.

You may notice:

Symptoms elsewhere, such as fever, rash, mouth ulcers, or eye irritation, can help narrow down the cause. Tell the clinician about these even if they seem unrelated.

- One sore or several sores
- Pain, burning, tingling, itching, or tenderness
- Fluid-filled blisters or pus-filled bumps
- A painless, firm, round ulcer
- Cracked, raw, scaly, or weeping skin
- Swollen glands in the groin
- Pain when urine touches the affected skin
- Discharge from the penis or discomfort when urinating

Common causes

Friction and irritation can follow vigorous sexual activity, masturbation, exercise, tight clothing, sweating, or use of fragranced products. The skin may look rubbed, cracked, or raw. Contact dermatitis is inflammation caused by something touching the skin, such as soap, lubricant, latex, or laundry products.

Folliculitis and ingrown hairs affect hair follicles, often after shaving or trimming. They usually cause red, tender bumps around individual hairs. Some contain pus. These bumps are more common on hair-bearing skin than on the head or shaft of the penis.

Genital herpes can cause painful blisters that open into shallow sores. Tingling, burning, swollen groin glands, or flu-like symptoms may occur with a first episode. Symptoms can return because the virus remains in the body. Mild herpes can resemble small cracks, spots, or irritated skin.

Balanitis is inflammation of the head of the penis, sometimes including the foreskin. It can cause redness, soreness, swelling, discharge, or small raw areas. Possible triggers include irritation, yeast, bacteria, and some skin conditions.

Less common causes include syphilis, which often begins with a painless ulcer; mpox, which can cause firm or painful lesions; and inflammatory skin conditions such as psoriasis or lichen planus. Some medicines can cause a sore or sharply defined patch that returns in the same place.

A sore that does not heal can rarely be related to penile cancer. This is not a common cause,

but persistent ulcers, bleeding areas, or new growths need medical assessment.

When to seek medical care

Book an appointment with a doctor or sexual health clinic if you have any unexplained genital sore. Try to be seen while the sore is still present because some tests work best on a fresh blister or ulcer.

Seek same-day medical care if you have:

Go to emergency care if you cannot pass urine, have sudden severe testicle pain, or become faint, confused, or seriously unwell.

Arrange routine follow-up if a sore has not healed within two to three weeks, keeps returning, bleeds, or forms a growing lump. You should also be assessed after possible STI exposure, even if the sore is painless or begins to heal.

- Fever or feel significantly unwell
- Rapidly spreading redness, warmth, swelling, or worsening pain
- Pus, a bad smell, or darkening skin
- A foreskin that is severely swollen or stuck behind the penis head
- Increasing difficulty passing urine
- Severe pain or sores affecting a large area

How the cause is found

The clinician will ask when the sore appeared, how it changed, and whether it is painful or recurrent. They may ask about shaving, skin products, medicines, recent illness, and sexual contact. These questions are routine and help guide the right tests.

They will examine the affected skin and may check the mouth, groin glands, or other areas for related changes. Testing may include:

An examination alone cannot reliably distinguish every cause. More than one infection or skin problem can also be present at the same time.

- A swab from a blister or ulcer, often to test for herpes
- Blood tests for syphilis and sometimes other infections
- Urine or swab tests for additional STIs

- A sample for bacterial or fungal testing
- A small skin sample, called a biopsy, from a persistent or unusual sore

Treatment and self-care

Treatment depends on the cause. Antiviral medicine can shorten herpes episodes, especially when started early. Syphilis and certain bacterial infections need prescribed antibiotics like amoxicillin or doxycycline . Inflammatory skin conditions may need a specific cream or other treatment after the diagnosis is clear.

Until you have been assessed:

Condoms reduce the risk of many STIs but may not cover every affected area. Avoid sexual contact while sores are present or until a clinician has advised when it is reasonable to resume. If an STI is found, current or recent partners may need testing or treatment.

Do not apply antibiotic, antifungal like fluconazole or terbinafine , antiviral, or steroid like prednisone or hydrocortisone creams unless advised. These products can irritate sensitive skin or make the appearance harder to interpret.

- Gently wash with lukewarm water and pat dry
- Wear loose, breathable underwear
- Avoid shaving, picking, squeezing, or opening blisters
- Stop fragranced soaps, antiseptics, and new genital products
- Avoid sex involving the affected area

What to expect

Sores from mild friction or irritation often improve after the trigger is removed. Folliculitis may settle as the inflamed hair follicle heals. Infection-related sores can take days to weeks to clear, depending on the infection and treatment.

Herpes sores heal, but episodes can recur. Recurrences are often milder than the first episode. Syphilis sores may disappear without treatment, but the infection remains and can cause later health problems, so testing and treatment are still needed.

If symptoms persist despite treatment, return for review. The original diagnosis may need reconsidering, or another condition may be present.

Common questions

Does every genital sore mean an STI?

No. Friction, shaving, dermatitis, and other skin conditions can cause sores. However, STI testing is often appropriate because different causes can look alike.

Can I tell herpes from syphilis by whether it hurts?

Not reliably. Herpes is often painful and an early syphilis ulcer is often painless, but either infection can look different from the usual pattern. Testing is needed.

Should I pop a blister or squeeze a bump?

No. This can worsen irritation, spread infection, and delay healing. Leave the area alone and arrange assessment if the cause is unclear.

Can I attend a sexual health clinic without symptoms elsewhere?

Yes. A single genital sore is enough reason to attend. Sexual health clinics assess both STI and non-STI causes and usually provide confidential care.

Sources

- Centers for Disease Control and Prevention: Diseases Characterized by Genital, Anal, or Perianal Ulcers
- Centers for Disease Control and Prevention: Genital Herpes
- Centers for Disease Control and Prevention: About Syphilis
- NHS: Genital herpes
- DermNet: Genital skin problems