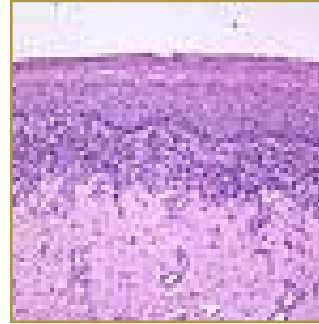


BALANITIS



EPIDEMIOLOGY: Males of all ages, 11% of adult men seen in urology clinics and 3% of children

ETIOLOGY: Irritants, seborrhoeic dermatitis, contact allergy, diabetes

PATHOGENESIS: : Phimosis, or inability to retract the foreskin from the glans penis

CLINICAL: Penile discharge, inability to retract foreskin, impotence, difficulty urinating or controlling urine stream (in very severe cases), inability to insert a Foley catheter, tenderness of the glans penis, itching, penile discharge

HISTOLOGY: Acute inflammatory

BALANITIS generally affects uncircumcised males, characterized by the glans and foreskin becoming red and inflamed. In circumcised men, who lack a foreskin, these symptoms only affect the tip of the penis. The condition often occurs due to the fungus *Candida albicans*, the same organism that causes vaginal yeast infections in women. Balanitis (which is also referred to as balanoposthitis) can also be caused by a variety of other fungal or bacterial infections, or may occur due to a sensitivity reaction to common chemical agent. Diabetes can increase the chances of getting balanitis, especially if the blood sugar is poorly controlled; high blood sugar causes elevated amounts of sugar in the urine. Other symptoms include white clumpy or yellowish discharge from the affected skin or from under the foreskin. Treatment depends on the cause. If the problem is caused by a yeast infection an antifungal cream will be recommended. If an infection has occurred with skin bacteria an antibacterial cream will be suggested. When the skin is inflamed, but not infected, the physician will advise to keep the area clean and free from soaps or any other irritants like lotions.

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