

Penis and foreskin problems: phimosis, paraphimosis, balanitis and BXO

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INTRODUCTION

- The foreskin (prepuce) is often non-retractile at birth and adherent to the glans – forceful retraction should NOT be undertaken at any time. Over the first 5-6 years of life, the adhesions separate and the foreskin usually becomes retractile.
- Thus the presence of a non-retractile foreskin in young boys < 6 years of age is usually physiological (NORMAL) and requires NO INTERVENTION. SURGICAL REFERRAL IS NOT INDICATED.
- **NOTE: CIRCUMCISION IS RANKED AS A LOW PRIORITY PROCEDURE IN CHILDREN – APPROVAL IS REQUIRED FROM PCT BEFORE PATIENTS CAN BE BOOKED FOR OPERATION.** Please try to avoid unnecessary referrals as parents (and child) expectations may be disappointed.

1. PHIMOSIS

Phimosis is defined as tightness of the preputial orifice that prevents retraction of the foreskin over the glans and can be physiological (see above).

If accompanied by scarring, or in a child > 6 years of age, it may be pathological. Causes include:

- Forceful retraction of physiological phimosis
- Recurrent balanitis
- Incomplete circumcision
- Balanitis Xerotica Obliterans (BXO)

Impaired drainage and hygiene of the space between the foreskin and the glans leads to:

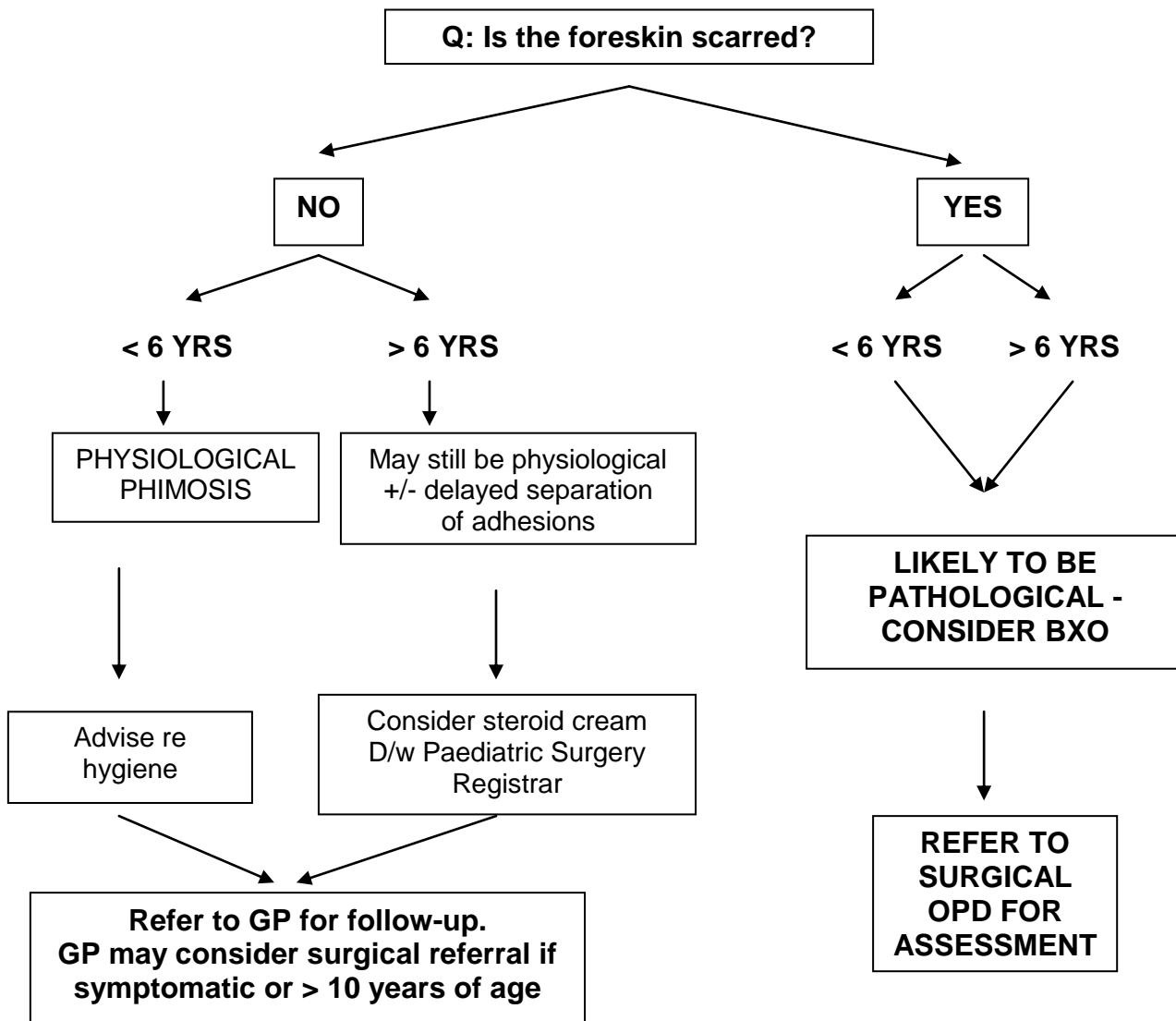
- accumulation of stagnant urine and smegma.
- ballooning after micturition
- ammoniacal dermatitis of the prepuce – leading to balanitis

Residual adhesions may prevent retraction and cause pain on erection

- adhesiolysis (steroid cream or surgical separation) may be indicated

Paediatric Surgery Clinical Practice Guideline

MANAGEMENT OF THE NON-RETRACTILE FORESKIN IN A CHILD



2. BALANITIS

Balanitis is a **specific, severe and very painful infective condition** which causes severe inflammation of the foreskin / glans penis, discharge of pus and difficulty passing urine. It should NOT be over-diagnosed or confused with low-grade irritation which occurs in young boys as a result of retained droplets of urine.

Definitions:

- Infection of glans penis = balanitis
- Infection of the foreskin = posthitis
- Both = balanoposthitis

Management:

- Encourage micturition by whatever means possible
- May need admission to achieve this +/- catheterization
- Oral or IV antibiotics (Co-amoxiclav) for 1 week
- Surgical referral when settled to review scarring

3. BXO (BALANITIS XEROTICA OBLITERANS)

BXO is a chronic NON-painful dermatitis of unknown origin which causes scarring and phimosis.

If untreated it may extend onto the glans penis and into the urethra causing meatal stenosis.

Follow Phimosis guidelines.

4. PARAPHIMOSIS

Paraphimosis occurs when a tight foreskin has been retracted over the glans and left in this position forming a constriction ring.

Constriction usually occurs at the level of the coronal groove of the glans causing venous engorgement and painful swelling of the glans.

- Usually results in retention of urine.
- Main risk is necrosis of the tip of the glans.

Treatment

- Needs urgent reduction with local anaesthetic gel +/- inhalation of nitrous oxide gas
- Icepacks are not recommended.
- If this is unsuccessful procedure under general anaesthetic is required
 - attempt to reduce foreskin
 - only if unsuccessful should dorsal slit be done
- After reduction/dorsal slit, wait till the oedema and inflammation has settled before undertaking circumcision (usually at least 6 weeks).