

BALANITIS AND BALANOPOSTHITIS

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Causes and various aspects of Balanitis and Balanoposthitis are discussed.

Balanitis is an inflammation of the glans penis and posthitis is inflammation of the prepuce. These, together, constitutes Balanoposthitis. The causes of this condition are many, most important being infection, irritation and trauma. Smegma, Urine, clothing, friction and sexually transmitted diseases can also result in Balanitis. This is more commonly seen among uncircumcised men. Balanitis and Balanoposthitis is very frequently seen in diabetic patients. Balanitis may cause erythema and erosion of the glans penis, causing fissures around the prepuce, with phimosis and discharge in the uncircumcised.

Balanitis: Infectious causes :

Candida Albicans is the commonest cause. It is often difficult to determine if the source is exogenous or endogenous from the rectum, anus or mouth. But, it can be from an infected partner through sexual intercourse. The lesion includes erythema of the glans penis with curdy white preputial discharge with pruritis and burning sensation. Good genital hygiene and applications of Clotrimazole, Econazole or Miconazole will cure the condition.

Beta hemolytic Streptococci : This will cause erythema of the glans penis and is acquired from the female partner.

Syphilis : Syphilis is caused by treponema pallidum and the initial lesion is a primary chancre characterized by an indurated painless ulcer, either

on the genitals or on extra genital sites. On the genitals, it is usually seen on the glans penis and prepuce. The glans and prepuce can also be involved in secondary syphilis with maculo papular rashes or with condycoma lata.

Gonococcal balanitis: Recurrent gonococcal urethritis may result in crusted lesions on the glans penis produced by the irritation gonococcal endotoxin.

Mycoplasma balanitis : This is caused by the Mycoplasma urethritis and is not a common condition.

Chlamydial balanitis : Chlamydia trachomatis causes urethritis in men. Chlamydia Serotypes L1, L2 and L3 cause Lymphogranuloma Venereum. Chlamydial urethritis will cause irritant balanitis.

Herpetic balanitis : This is caused by Herpes simplex virus. The Lesions appear as papulovesicular painful lesions on the glans or prepuce. Most of the patients will have prodromal symptoms. Primary lesions sometimes result in severe balanitis with ulcerations on the glans.

Amoebic balanitis : This is seen among uncircumcised men with poor hygiene. Transmission is thought to be commonly by orogenital contact.⁽¹⁾ This can cause erosive balanitis. Amoebic balanitis is caused by entamoeba histolytica and is characterised by ulceration, pain, dysuria and phimosis. Transmission is by autoinoculation from amoebic dysentery and from intercourse with an infected partner.⁽²⁾

Scabietic balanitis : caused by Sarcoptes Scabiei, which present clinically as circumcised pruritic nodules seen on the glans and scrotum. This is transmitted by close body contact.

Balanitis : Non Infectious Causes :

Fixed drug eruption : This is caused by a variety of medications. They are lesions that can recur repeatedly on the same site after the ingestion of the same drug. Even though tetracycline is a major cause of fixed drug eruption occurring on the genitalia. The incidence is not high when one consider the world wide ingestion of the tetracycline's.⁽³⁾ Usually the lesions may be papular erythematous patches with itching. Sometimes bullous and oedematous. A probable fixed drug eruption resulting from sexual contact with a patient being treated with tetracycline was reported.⁽⁴⁾

Psoriasis : Scaly crusted plaques in psoriasis

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may result in inflammatory lesions on the glans penis causing balanitis. Smegma and poor hygiene may cause irritation over the glans penis which may cause inflammatory lesions on the glans.

Other conditions :

Trauma :

Minor trauma acquired during sexual activity, such as sharp pubic hair will produce pin point aberrations, erythema of the glans penis. They are non infectious and self limited conditions.⁽⁵⁾ Sometimes vigorous sexual activity can induce trauma on the glans. Lubricated condom, clotrimazole cream, lubricants like propylene glycol jelly, topical neomycin, antiseptic lotion etc can induce erythematous lesions on the glans, causing contact balanitis. Fellation is another cause for trauma of the glans.

Lichen Sclerosis Atrophicus (LSA):

This is characterized by papular erythematous lesions with hypopigmented macules. The older lesions becomes atrophic. The external urinary meatus becomes stenotic. This is more common among uncircumcised men. Scarring phimosis in boys must be considered as one of the most common manifestation of LSA⁽⁶⁾. The exact cause of this condition is unknown. Late circumcision⁽⁷⁾, auto

immune disease, genetic factors and hormonal factors⁽⁸⁾ are postulated. Circumcision is the treatment⁽⁹⁾ of choice. Topical clobetasol is of value in the treatment to reverse changes in young men.

Circinate balanitis : This is seen in Reiter's disease and is characterized by episode of peripheral arthritis accompanied by urethritis, circinate balanitis, conjunctivitis and keratoderma blenorrhagicum. The lesion appear as shallow, circinate, erythematous lesions with raised edges forming circinate patches.

Zoon's balanitis : is a benign chronic condition characterized by smooth, shiny plaques on the glans and prepuce, seen among uncircumcised old age men. The lesions are raised, erythematous plaques which are moist and shiny. Circumcision is curative. Steroid applications may be useful.

Erythroplasia of Querat : This is a pre malignant condition, affecting the uncircumcised men. This condition has a characteristic velvety plaque on the glans.

Balanitis is of different types and aetiology. The management also vary depending upon the cause. Early diagnosis depends on the early attendance of the patient to the clinic. Because of genital lesions many patients delay treatments which will make the conditions complicated.

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