

Balanitis

Introduction

Balanitis (balanoposthitis) is swelling of the head of the penis. The foreskin (the loose flap of skin that covers the head of the penis) is also often affected.

Balanitis is a common condition affecting both boys and men, although it happens more often in men who have not been circumcised.

Symptoms of balanitis include swelling, redness and soreness of the end of the penis. There might also be a thick discharge under the foreskin.

When to see your DOCTOR

Visit your DOCTOR or local sexual health or genitourinary medicine (GUM) clinic if you have any of the symptoms of balanitis. While balanitis is not usually serious, it can be a sign of another condition, such as a sexually transmitted infection (STI) or thrush (a type of yeast infection).

Also visit your DOCTOR if your son develops balanitis. They may need prescription-only medication, such as antibiotics.

Who is affected?

Balanitis can happen at any age. An estimated one in 20 boys under five years old are affected by balanitis. One in 10 men who attend a sexual health or genito-urinary (GUM) clinic have balanitis.

Skin irritation is the most common cause of balanitis in boys. This can occur because it's not always possible to pull back the foreskin fully at this age, leading to a build up of a cheesy-looking substance called smegma that can irritate the skin.

Irritation by smegma is also a common cause of balanitis in uncircumcised men if the penis is not kept clean.

Other cause of balanitis in men include:

skin irritation due to substances such as perfumed soaps or shower gels

a fungal infection

an allergic reaction to chemicals used in products such as soaps or detergents

skin conditions, such as psoriasis

sexually transmitted infections (STIs), such as gonorrhoea, genital herpes and syphilis

persistent dribbling of urine following urination

Read more about the causes of balanitis.

Balanitis is not normally serious and can often be prevented by avoiding irritants and good hygiene.

Treating balanitis

Most cases of balanitis are easily managed with a combination of creams or ointments, good hygiene and avoiding substances that irritate the penis.

In rare cases of balanitis that keep coming back, circumcision (surgical removal of the foreskin) may be recommended. For example, in cases where the foreskin can't be pulled back (phimosis) to be cleaned or there is persistent dribbling of urine following urination.

Symptoms of balanitis

The symptoms of balanitis can vary in severity and you may not experience all of them.

Symptoms include:

red skin, swelling or irritation and soreness around the head of your penis (glans)

thick discharge under the foreskin

a rash or ulcers (sores)

itchiness

an unpleasant odour

a tight foreskin that will not retract (pull back); the medical name for this is phimosis

pain when passing urine

When to seek medical advice

While balanitis is not usually serious, it can be a sign of another condition, such as a sexually transmitted infection (STI) or thrush (a type of fungal infection).

It is therefore important to visit your DOCTOR or your local sexual health or genitourinary medicine (GUM) clinic.

You should also visit your DOCTOR if your son develops balanitis. They may require prescription-only medication, such as antibiotics. Your DOCTOR can give advice on cleaning the head of the penis, particularly under the foreskin.

Causes of balanitis

The causes of balanitis include the build up of a substance called smegma, fungal infections, and sexually transmitted infections (STIs).

Smegma

In most cases, balanitis occurs when the skin is irritated by the build up of a smelly, cheesy-looking substance called smegma.

Smegma is a natural lubricant that keeps the penis moist. It's found on the head of the penis and under the foreskin.

In young boys, smegma may build up because it can be difficult to fully retract the foreskin at this age. This makes it hard to keep the penis clean.

A build up of smegma can also lead to balanitis in uncircumcised men if the penis is not kept clean.

Other causes

Other causes of balanitis include:

fungal infection (thrush)

bacterial infection – streptococcal bacteria is the most common type of bacteria to cause balanitis

an allergic reaction or skin irritation – caused by an adverse skin reaction to certain substances, such as a bubble bath, or soap (the medical term for this type of skin reaction is contact dermatitis)

an underlying skin condition, such as atopic eczema, or psoriasis (see below)

in boys, repeatedly playing with their foreskin

Additional causes of balanitis in men include:

having unprotected sex with a woman who has thrush

sexually transmitted infections (STIs), such as genital herpes, chlamydia, gonorrhoea and syphilis

irritation caused by the latex used in condoms

A number of other skin conditions are known to cause symptoms of balanitis in men, including:

lichen planus – a non-infectious, itchy rash affecting a number of areas of the body

lichen sclerosus – a skin condition affecting the skin around the genitals and anus

Zoon's balanitis – a rare condition affecting middle-aged men and causes the head of the penis to become red, shiny and itchy

circinate balanitis – a type of psoriasis that sometimes affects men with reactive arthritis

If all causes of balanitis have been ruled out, you may have non-specific balanoposthitis. This is when the foreskin and the surface of the glans are inflamed, red and swollen, making it painful and difficult to pass urine. Balanoposthitis is usually treated with antibiotics, but in very severe cases circumcision may be required.

Diagnosing balanitis

Your DOCTOR should be able to diagnose balanitis by the redness and inflamed (swollen) appearance of the glans.

You may initially feel embarrassed about visiting your DOCTOR with the symptoms of balanitis, but it's important that you do.

This is because your symptoms could be a sign of a more serious underlying condition, such as diabetes.

You or your child may also need prescription-only medication, such as antibiotics or antifungals (see treating balanitis for more information).

Seeing your DOCTOR

To determine what is causing balanitis, your DOCTOR will examine your (or your child's) penis and ask a number of questions to help determine the cause.

They may ask:

how often you clean your penis

whether you may have been exposed to irritants, such as soap or bubble bath

whether you have a history of skin conditions, such as eczema

whether you may have damaged the head of your penis during sex

For children, your DOCTOR may also ask:

whether you have noticed your child playing with their foreskin for younger children, how often they have their nappy changed Further testing is usually only needed if the symptoms are particularly severe or do not clear with treatment. This usually involves taking a small sample of cells from the head of the penis (a swab) and testing them for infection.

In addition to taking a sample of cells from your penis, your DOCTOR may refer you for blood and urine tests to measure your blood sugar levels. This is to check whether you have developed diabetes, which may be making you more vulnerable to infection.

Your DOCTOR may also recommend that you are tested for sexually transmitted infections (STIs). They may refer you to a sexual health clinic.

Treating balanitis

If you or your child has balanitis, the recommended treatment will depend on what is causing the condition.

In all cases of balanitis you should avoid potential irritants and make sure to practise good hygiene. For example:

keep your penis clean by washing it with warm water twice a day

avoid using soap and other irritants – you could use aqueous cream as a soap substitute

wash your hands thoroughly after going to the toilet.

Potential irritants to avoid

If you have balanitis, urine is the most important irritant to keep away from the skin of your penis. Other irritants to avoid include:

soap and shower gel

bubble baths

baby wipes

latex condoms

lubricants

antiseptics

hygiene sprays

Read about preventing balanitis for more information on hygiene and avoiding irritants.

Skin irritation

If your balanitis is the result of skin irritation, you will usually be prescribed a topical corticosteroid (steroid cream or ointment).

Apply the cream to the head of your penis once or twice a day until your symptoms have gone. Do not use the medication for more than 14 days in a row because this could lead to side effects, such as itchy skin and a skin rash.

It is important to avoid potential irritants and make sure that the head of your penis and your foreskin do not come into contact with urine after you urinate.

Fungal infection

If your balanitis is the result of a fungal infection, you will be prescribed either an antifungal cream or an oral antifungal medication (tablet or capsule), such as fluconazole.

Fluconazole is not recommended for children who are under 16 years old. It can also cause side effects, including:

headache

skin rash

nausea and vomiting

diarrhoea

If your symptoms are particularly troublesome, you may also be prescribed a seven-day course of a topical corticosteroid, usually in the form of a cream or ointment.

Bacterial infection

If a bacterial infection is the cause of your balanitis, you will be prescribed a seven-day course of oral antibiotics (antibiotic tablets or capsules).

An antibiotic called amoxicillin is usually recommended. However, if you are allergic to penicillin, erythromycin or clarithromycin may be prescribed.

Common side effects of these types of antibiotics include:

skin rash

nausea and vomiting

diarrhoea

abdominal pain

Again, if your symptoms are particularly troublesome, you may also be prescribed a seven-day course of a topical corticosteroid.

Follow-up

All the treatments listed above should start working in seven days. Contact your DOCTOR if your symptoms do not improve after this time because you may require an alternative treatment.

Referral to a specialist

If your balanitis is not caused by an infection and your DOCTOR cannot identify the cause, you may be referred to a dermatologist (skin specialist) or genito-urinary (GUM) clinic for further investigation.

If you have phimosis (a tight foreskin) and you have repeat episodes of balanitis, you may be advised to have a circumcision.

Preventing balanitis

You can usually reduce your chances of developing balanitis if you avoid potential irritants.

These include:

Urine – after urinating, make sure the tip of your penis is completely dry and free of urine before replacing your foreskin.

Condoms and lubricants – sometimes, the chemicals used in condoms or lubricants can irritate the penis. There are condoms made for sensitive skin. Ask your pharmacist, DOCTOR or nurse at your local sexual health or genitourinary medicine (GUM) clinic for advice.

Detergents – wash your underwear with non-biological washing powder and make sure the detergent has been rinsed out of your underwear before wearing it.

Chemicals – wash your hands before using the toilet if you work with chemicals or if you have traces of other products on your hands, which could irritate the delicate skin of your penis.

It may also help to keep your penis clean. For example:

if you get up during the night to urinate, make sure that the tip of your penis (glans) is completely dry and free of urine before going back to bed

carefully wash the head of your penis every day and gently clean under your foreskin

avoid using perfumed shower gels; using water on its own or with a mild soap is enough to clean your penis; alternatively, using aqueous cream as a soap substitute will help avoid irritation

after bathing or showering, make sure you dry your penis thoroughly before getting dressed

Hygiene and children

The hygiene tips above also apply to children, although young boys may not yet be able to clean under their foreskin. This should not be forced and should eventually become possible as they get older.

Babies and young children who still wear nappies may also be at a higher risk of balanitis due to the warm and moist conditions. Make sure you change your child's nappy regularly and use a barrier cream or ointment after each nappy change.

This will reduce the contact that your baby's skin has with urine and faeces. Zinc cream, zinc oxide ointment and petroleum jelly are all suitable barrier creams. Ask your pharmacist for advice about which cream is most suitable for your baby.