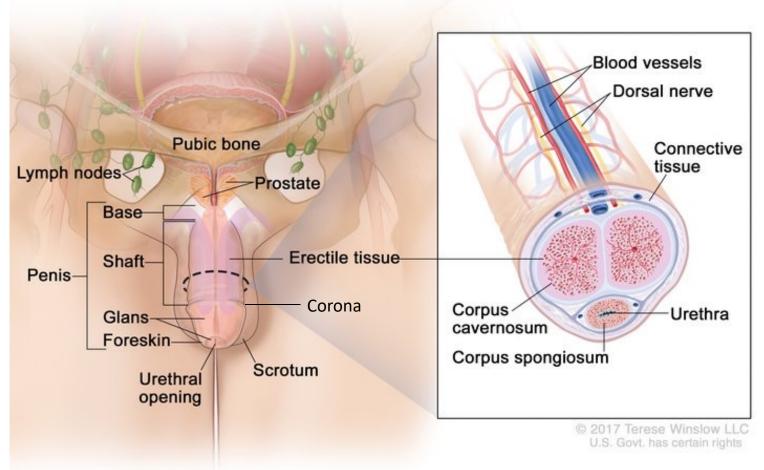
Male GU – Penis Problems

Diagnosis	History & Physical Exam	Treatment
<u>Phimosis</u>	Inability to retract the foreskin over the glans penis May have foreskin ballooning with urination Physiologic: normal in young boys, 95% fully retract by puberty Pathologic: previously retractable, dysuria / UTIs / recurrent balanitis, urinary retention	Physiologic: no treatment unless causing issues, if so: Betamethasone 0.05% BID Stretching exercises Pathologic: Refer to Urology
<u>Paraphimosis</u>	Foreskin is trapped behind glans penis – tight ring with distal edema (ddx <u>hair tourniquet</u>)	Attempt <u>reduction</u> immediately If unsuccessful, send to ED or Urologist emergently
Balanoposthitis	Inflammation of the foreskin (posthitis) and/or glans penis (balanitis), may have purulent discharge	Warm water sitz baths BID-TID Urinate in bath water may ↓ dysuria Topical mupirocin TID-QID If ↑↑ purulence, oral cephalexin If appears candidal, clotrimazole
<u>Preputial cysts</u>	Yellow white "smegma or keratin pearl" under foreskin	Reassurance, <u>hygiene instructions</u>
Pearly penile papules	1-4mm white papules on the corona, adolescents-adults	Reassurance

Male GU Anatomy

Anatomy of the Penis



https://visualsonline.cancer.gov/retrieve.cfm?imageid=11321&dpi=72&fileformat=jpg