

Male GU – Penis Problems

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

Male GU Anatomy

Anatomy of the Penis

