

Phimosis

Inability to retract a foreskin. Normally foreskin is non-retractile at birth. Foreskin adhesions spontaneous break down and form smegma pearls over next 2-10yrs (95% by age 16). Pathological phimosis usually from recurrent infection or adhesions from forcible early foreskin retraction may cause urinary obstruction, haematuria or local pain.

Epidemiology

- Unusual in circumcised males
- In older DM patients often results from chronic balanoposthitis
- ↑Risk of penile Ca (very rare)
- Female phimosis is an uncommon and poorly recognised condition.

Presentation

- There may be swelling redness and tenderness of the prepuce with purulent discharge.

Investigations

- Urethral swab. Urine MC&S.

Management

- Physiological phimosis: No intervention is necessary. Advise against forcible retraction
- Personal hygiene is very important. Advise gentle cleaning under the foreskin
- Pathological phimosis:
 - Topical steroid application to the preputial ring to treat 'phimosis' has reported success rates between 33% - 95%.
 - It may be necessary to slit the dorsal or ventral foreskin or "preputial plasty".
 - Most paediatric urologists circumcise the foreskin for pathological phimosis.

Circumcision

- Indications:
 - Absolute: Penile malignancy, traumatic foreskin injury where it cannot be salvaged
 - Medical: Balanitis Xerotica Obliterans, sev recurrent balanoposthitis, recurrent febrile UTI's with an abnormal urinary tract
- Complications: Bleeding, sepsis, pain, stenosis, urethral injury

Paraphimosis

Unable to replace retracted foreskin, usually glans has swelled. Urological emergency. Risk factors: Phimosis, penile piercing, urinary catheterisation & not replacing foreskin

Presentation

- There is oedema around the constricting band that is usually the prepuce.
- There may be pain on erection.

Management

- Analgesia+, LA lubrication, Ice pack for 5-30min., gentle compression of glans with saline gauze and manual reduction by sustained traction of the prepuce over the glans.
- If fails, penile block (no adrenaline) + dorsal slit (best if urologist does it).
- Decompression alternatives incl multiple punctures in the oedematous foreskin or topical sugar (osmotic)

Complications

- Failure to remove the paraphimosis will result in necrosis of the glans.