
CANDIDAL BALANITIS

DEFINITION

Balanitis refers to inflammation of the glans, while posthitis refers to inflammation of the foreskin. Inflammation of both of these is known as balanoposthitis. The most common cause of balanitis is *Candida albicans*.

POTENTIAL CAUSES

Candida albicans is the most common cause of yeast infections.

PREDISPOSING RISK FACTORS

- uncircumcised penis
- usually not considered sexually transmitted
- sometimes occurs after intercourse with female partner who has vaginal yeast
- antibiotic use
- corticosteroid use
- immunocompromised
- poorly controlled diabetes

TYPICAL FINDINGS

Sexual Health History

- may or may not have had sexual contact
- recent antibiotic and/or corticosteroid use
- diabetic

Physical Assessment

Presence of rash to glans penis that may appear dry, as raised red dots or bumps, or excoriated

Diagnostic Tests

Diagnosis based on clinical findings.

CLINICAL EVALUATION

The diagnosis of candidal balanitis based on the health history, signs and symptoms, and clinical findings.

MANAGEMENT AND INTERVENTIONS

Goals of Treatment:

- treat infection
- reduce symptoms
- prevent complications

TREATMENT OF CHOICE

For yeast balanitis or external fungal rash:

- Clotrimazole topical cream applied bid for 10-14 days
- OR**
- Miconazole topical cream applied bid for 10-14 days

NOTE: Miconazole use is contraindicated with some anticoagulants. Consult with physician or NP if client is also receiving anticoagulants.

ALTERNATE TREATMENT

Refer to physician/NP for oral therapy:

- Fluconazole 150 mg tablet PO stat

PARTNER COUNSELLING AND REFERRAL

Suggest assessment of female partners for vaginal yeast infection and possible treatment.

POTENTIAL COMPLICATIONS

Chronic yeast balanitis.

CLIENT EDUCATION AND FOLLOW-UP

Counsel client:

- that female partners may require assessment and treatment for vaginal yeast infection
- regarding the proper use and side effects of medication
- that oral antibiotics, corticosteroid use, and/or poorly controlled diabetes, can all cause yeast infections
- that treatment is most effective if the cream is applied for at least 10 days even if symptoms subside sooner.

CONSULTATION AND/OR REFERRAL

Consult or refer to physician/NP for the following:

- client is taking anticoagulants
- if oral anti-fungal therapy is indicated
- if symptoms persist after completion of treatment

DOCUMENTATION

- infection is not reportable
- as per agency guidelines

REFERENCES

Habif, T. (1996). *Clinical Dermatology: A color guide to diagnosis and therapy*. 3rd edition. Mosby.

Holmes, K., Sparling, P., Stamm, W., Piot, P., Wasserheit, J., Corey, L., Cohen, M., Watts, H. (2008). *Sexually transmitted disease (4th ed)*. Toronto, ON: McGraw Hill Medical.

McMillan, A., Young, H., Ogilvie, M., Scott, G. (2002). *Clinical Practice in Sexually Transmissible Infections*. Saunders: London.