BCCDC Non-certified Practice Decision Support Tool: Candidal Balanitis

Scope
RNs may diagnose and recommend over-the-counter (OTC) treatment for candida balanitis.

Etiology
Inflammation of the glans, most commonly caused by Candida albicans (C.albicans). Candidal balanitis is not usually sexually transmitted.

Epidemiology
Candidal balanitis is a common infection in British Columbia.

Risk Factors
- uncircumcised penis
- antibiotic use
- corticosteroid use
- immunocompromised
- diabetes
- poor hygiene
- SGLT2 inhibitor use
- individuals with partners with recurrent vulvovaginal candidiasis

Clinical Presentation
- pruritus and/or pain to glans and/or foreskin
- erythematous rash and/or edema to the glans penis and/or under the foreskin, that may appear blotchy, shiny, dry, as raised red dots or bumps, or excoriated
- discharge under the foreskin and/or at the glans
Physical Assessment

Assess:

- genital skin, penis and foreskin for erythema, excoriation, rash and discharge under the foreskin or at the glans
- mobility of foreskin for phimosis or paraphimosis
  - Note: paraphimosis is a urological emergency; as this can compromise circulation, immediate referral is required

If presentation is unclear, complete a full STI screen including herpes simplex virus (HSV) and Treponema pallidum (TP) PCR for syphilis if ulcers are present.

Diagnostic and Screening Tests

No diagnostic or screening tests available. Diagnosis based on clinical presentation and physical assessment.

Management

Diagnosis and Clinical Evaluation

The diagnosis of candida balanitis is made based on the health history and clinical findings. Only individuals diagnosed with candida balanitis require treatment.

Consultation and Referral

Consult with or refer to a physician (MD) or nurse practitioner (NP) all individuals who:

- are taking anticoagulants
- require oral antifungal therapy or alternate treatment option
- continue to experience symptoms or have reoccurrence of symptoms within 8 weeks after completion of antifungal treatment (may require a culture to rule out non-albicans species)
- have signs of phimosis (tightening of the foreskin; results from chronic inflammation)
- have signs of paraphimosis (trapping of the foreskin behind the glans penis
  - note: paraphimosis is a urologic emergency; as this can compromise circulation, immediate referral is required
Treatment

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Notes</th>
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<tbody>
<tr>
<td><strong>First Choice</strong></td>
<td></td>
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<tr>
<td>clotrimazole topical cream applied twice daily for 10-14 days</td>
<td>1. Review information on the BCCDC Medication Handouts and your agency’s drug reference database, including: allergies, interactions and side effects how to take the medication after-care information 2. <strong>Clotrimazole</strong> • Full 6- to 7-day regimen is recommended if there is current or recent antibiotic use 3. <strong>Miconazole</strong> • Full 6- to 7-day regimen is recommended if there is current recent antibiotic use • May be contraindicated when taken with certain anticoagulants. Consult MD/NP 4. Consult with or refer to MD or NP if individual is unable to take recommended treatments.</td>
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<tr>
<td>miconazole topical cream applied twice daily for 10-14 days</td>
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Notes

Individuals may purchase first choice treatments over-the-counter (OTC) and choose between the formulations in the treatment chart. Individuals can refer to the package insert for proper application.

Monitoring and Follow-up

- **Repeat testing:** No
- **Test-of-cure (TOC):** No
- **Follow-up:** return for reassessment if symptoms persist following completion of treatment

Partner Notification

- **Reportable:** No
- **Trace-back period:** N/A
- **Recommended partner follow-up:** not required unless they are experiencing symptoms

Potential Complications

- recurrent candidal balanitis (recurrence within 8 weeks of treatment)
- chronic candidal balanitis
• phimosis
• paraphimosis *urologic emergency
• meatal/urethral stricture or stenosis
• severe infection (edema, excoriatioon or fissure formation)

Additional Education

• continue to apply topical antifungal cream for at least 10 days even if symptoms begin to resolve earlier
• many topical agents are oil-based which may weaken latex condoms and diaphragms, and cause them to fail
• while symptomatic, suggest avoiding washing with irritants (e.g., soaps, body wash); wash genitals with water.
• proper hygiene for genital skin, including; using mild soaps, avoiding over washing, and allowing glans to dry with foreskin retracted
• while symptomatic, there is an increased risk of STI acquisition or transmission
• Standard Education for Sexually Transmitted & Blood-Borne Infections (STBBI)
References


British Association for Sexual Health and HIV (BASHH). 2008 UK national guideline on the management of balanoposthitis.

Clotrimazole (topical): Drug information. UpToDate. (2023)
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Vazquez, J. A. (2022, March 30). *Overview of Candida infections*. UpToDate. https://www.uptodate.com/contents/overview-of-candida-infections?search=candidiasis&amp;source=search_result&amp;selectedTitle=1~150&amp;usage_type=default&amp;display_rank=1