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Provincial Health Services Authority

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**BCCDC Non-certified Practice Decision Support Tool
Candidal Balanitis**

CANDIDAL BALANITIS

SCOPE

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

ETIOLOGY

Inflammation of the glans, most commonly caused by *Candida albicans* (*C. albicans*).

Risk Factors

- uncircumcised penis
- antibiotic use
- corticosteroid use
- immunocompromised
- diabetes
- not usually sexually transmitted

CLINICAL PRESENTATION

- pruritus and/or pain to glans and/or foreskin
- erythematous rash and/or edema to glans penis and/or under the foreskin, that may appear 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

DIAGNOSTIC AND SCREENING TESTS

Diagnosis based on clinical presentation and physical assessment.

MANAGEMENT

Diagnosis and Clinical Evaluation

The diagnosis of candidal balanitis is made based on the health history and clinical findings. The following clients require treatment:

- those diagnosed with candida balanitis

Consultation and Referral

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

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

Treatment

<p>Clients may purchase first choice treatments over-the-counter (OTC) and choose between the formulations in the treatment chart. Clients can refer to the package insert for proper application.</p>	
Treatment	Notes
First Choice	<ol style="list-style-type: none"> 1. Review information on the BCCDC Medication Handouts and your agency’s drug reference database, including: <ul style="list-style-type: none"> • Allergies, interactions and side effects • How to take the medication • After-care information 2. Miconazole <ul style="list-style-type: none"> • Miconazole may be contraindicated when taken with certain anticoagulants. Consult with or refer to a MD or NP for clients on anticoagulant therapy or other contraindications to treatment. 3. Consult with or refer to MD or NP if client is unable to take recommended treatments.
clotrimazole topical cream applied twice daily for 10-14 days	
miconazole topical cream applied twice daily for 10-14 days	

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 Counselling

- **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, excoriation or fissure formation)

Additional Client Education

Counsel client:

- to continue to apply topical antifungal cream for at least 10 days even if symptoms begin to resolve earlier.
- that many topical agents are oil-based which may weaken latex condoms and diaphragms, and cause them to fail.
- that while symptomatic, suggest avoiding washing with irritants (e.g., soaps, body wash); wash genitals with water.
- that while symptomatic, there is an increased risk of STI acquisition or transmission.
- [Standard Client Education for Sexually Transmitted Infections and Blood-Borne Infections \(STBBI\)](#)

REFERENCES

- Armstrong A, Bukhalo M, Blauvelt A. A Clinician's Guide to the Diagnosis and Treatment of Candidiasis in Patients with Psoriasis. *American Journal of Clinical Dermatology*. 2016 Aug;17(4):329–36.
- Australasian Sexual Health Alliance (ASHA). Australian STI management guidelines for use in primary care. Candidiasis. 2018. Available from: <http://www.sti.guidelines.org.au/sexually-transmissible-infections/infections-associated-with-sex/candidiasis>.
- Barrisford GW. Balanitis in adults. UpToDate. 2018.
- British Association for Sexual Health and HIV (BASHH). 2008 UK national guideline on the management of balanoposthitis.
- Edwards SK. Genital rash (including warts and infestations). *Medicine (Abingdon)*. 1995, UK ed.) 06/01/2018;46(6):325-330.
- Edwards SK, Bunker CB, Ziller F, van der Meijden WI. 2013 European guideline for the management of balanoposthitis. *International journal of STD & AIDS [Internet]*. 2014 Aug;25(9):615–26.
- Fort GG. Ferri's Clinical Advisor 2020. Balanitis 01/01/2020:208.e3-208.e4.
- Freedman D. Balanitis. In: Katsambas A.D., Lotti T.M., Dessinioti C., D'Erme A.M. (eds) *European Handbook of Dermatological Treatments*. Springer, Berlin, Heidelberg. 2015.
- Government of Western Australia. Guidelines for managing sexually transmitted infections and blood-borne viruses. Candidiasis. 2015. Available from: <https://ww2.health.wa.gov.au/Silver-book/Non-notifiable-infections/Candidiasis>.
- Kaushik N, Pujalte GGA, Reese ST. Superficial Fungal Infections. Primary care. 2015 Dec;42(4):501–16.
- Metin A, Dilek N, Demirseven DD. Fungal infections of the folds (intertriginous areas). *Clinics in dermatology*. 2015 Jul;33(4):437–47.
- Pandya I, Shinojia M, Vadukul D, Marfatia YS. Approach to balanitis/balanoposthitis: Current guidelines. *Indian journal of sexually transmitted diseases and AIDS [Internet]*. 2014 Jul;35(2):155–7.
- Swamiappan M, et al. Candidal balanoposthitis--a retrospective study in a tertiary care centre of South India. *Journal of Evolution of Medical and Dental Sciences*, vol. 5, no. 95, 2016, p. 7042+.
- Tews MS. Balanoposthitis: Clinical manifestations, diagnosis and treatment. UpToDate. 2017.