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BCCDC Non-certified Practice Decision Support Tool
Candidal Balanitis

CANDIDAL BALANITIS

DEFINITION

Balanitis refers to inflammation of the glans. The most common cause of balanitis is *Candida albicans*.

CAUSES

Candida albicans is the most common cause of yeast infections.

PREDISPOSING RISK FACTORS

- Uncircumcised penis
- Antibiotic use
- Corticosteroid use
- Immunocompromised
- Diabetes
- Not usually considered sexually transmitted

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.

BCCDC Clinical Prevention Services
Reproductive Health STI Decision Support Tool – Non-certified Practice
Candidal Balanitis
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A research and teaching centre affiliated with UBC

Diagnostic Tests

Diagnosis based on clinical findings.

CLINICAL EVALUATION

The diagnosis of candidal balanitis based on the health history, 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 nurse practitioner (NP) if client is also receiving anticoagulants.

PARTNER COUNSELLING AND REFERRAL

Sexual partners do not require examination/treatment unless they are experiencing symptoms.

POTENTIAL COMPLICATIONS

- Chronic yeast balanitis
- Severe infection (edema, excoriation or fissure formation)

CLIENT EDUCATION

Counsel client:

- Regarding the proper use and side effects of medication.
- Oral antibiotics, corticosteroid use, and/or poorly controlled diabetes can all cause yeast infections.
- Treatment is most effective if the cream is applied for at least 10 days even if symptoms subside sooner.
- Being immunocompromised from an existing condition is a predisposing factor for candidal infection.
- Sexual partners do not require assessment/treatment unless they are experiencing symptoms.

CONSULTATION AND/OR REFERRAL

Consult physician or NP for clients who are:

- taking anticoagulants.
- requiring oral anti-fungal therapy.
- continuing to experience symptoms after completion of antifungal treatment.
- experiencing recurrence of symptoms within 8 weeks after adequate antifungal treatment.

DOCUMENTATION

- Candidal balanitis is not reportable.
- As per agency guidelines.

REFERENCES

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