CANDIDAL BALANITIS

SCOPE
RNWs 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**

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.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Notes</th>
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<tr>
<td><strong>First Choice</strong></td>
<td>1. Review information on the BCCDC Medication Handouts and your agency’s drug reference database, including:</td>
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<td>- clotrimazole topical cream applied twice daily for 10-14 days</td>
<td>- Allergies, interactions and side effects</td>
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<tr>
<td>- miconazole topical cream applied twice daily for 10-14 days</td>
<td>- How to take the medication</td>
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<td>- After-care information</td>
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<td>2. Miconazole</td>
<td>3. Consult with or refer to MD or NP if client is unable to take recommended treatments.</td>
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<tr>
<td>- 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.</td>
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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


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


