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Phimosis: tight foreskins

1. Phimosis: tight foreskins

“His dad’s worried because he can’t pull his foreskin back – how do we keep it clean and will it cause him problems in the future?” Johnnie, age 18 months, was emptying all the speculums out of my drawer!

Pete looked sheepish; his girlfriend, American, assertive – “I’ve brought him to be circumcised – it just doesn’t look right”. That was an interesting consultation!

Jamal was mortified. He was in a new relationship and every time he tried to have sex, his foreskin split and was painful for days.

These are some of the kinds of consultations we see fairly commonly. How do we differentiate what is physiological from pathological, and how do we manage it? This was the subject of a BMJ review (BMJ 2016;355:i4649).

1.1. Physiological phimosis

Most male babies are born with a tight foreskin which gradually stretches and eases over time.

- 90% of 3 year olds have a fully retractile foreskin.
- This rises to 95% of 16–17 year olds.

1.2. Types of phimosis

Patients presenting with phimosis may have:

- Primary phimosis that has not resolved from birth and is now causing problems.
- Secondary phimosis due to an underlying skin disorder, e.g. balanitis, balanitis xerotica obliterans (lichen sclerosus of the penis). Poorly-controlled diabetes may exacerbate this.

1.3. Problems associated with phimosis

It may be completely asymptomatic and, in that case, we don't need to do anything. However, problems may occur, including:

- Painful erections and splitting of skin during sexual activity.
- Dyspareunia.
- Difficulty keeping clean.
- More rarely, difficulty passing urine and ballooning of the foreskin.

1.4. Examination

- Gently try to retract the foreskin and note the state of the skin – often there will just be a tight band distally in the foreskin.
- In children, look for evidence of urological anomalies, e.g. hypospadias.
- Is the frenulum short? (If this is the main problem, medical treatment will not help.)
- Look for evidence of skin conditions – erythema suggesting balanitis, or white patches/pallor and scarring suggesting lichen sclerosus.
- If there are malignant-looking skin lesions, palpate for inguinal nodes (see online article on *Penile cancer* for more details).

1.5. Management

Straightforward primary phimosis in the absence of an underlying skin condition:

- Offer a moderate/potent steroid cream, e.g. betamethasone 0.1%, applied twice daily to the foreskin for 4–6w with gentle retraction of the foreskin (as far as it will go, each time). Success rates vary from 33 to 95%. Resolution is 3x more likely than with placebo – symptoms may recur and treatment may need to be repeated (British Association of Paediatric Urologists, Circumcision Statement 2007).
- If there is evidence of fungal balanitis, offer an antifungal cream.
- Condom use can improve sexual symptoms.
- If there is no resolution or symptoms deteriorate, consider routine referral for consideration of surgery. Most commonly, this will be

circumcision but other surgical options, including frenuloplasty (if a tight frenulum is the problem) and prepuceplasty, are possible, and both of these options are available on the NHS in appropriate circumstances.




If lichen sclerosus is identified, refer to urology (or dermatology depending on local protocols) for assessment. Treatment regimens vary – the BMJ recommended the following as one option (BMJ 2016;354:i4337):

- Emollient as a soap substitute and skin barrier.
- Ultra-potent topical steroid, e.g. dermivate once daily for 2–3m (N.B. this needs caution if there is a history of genital warts or herpes, as it may cause reactivation).

1.6. Penile lichen sclerosus and malignancy

This was addressed in a BMJ review of benign male genital skin conditions (BMJ 2016;354:i4337). This reminded us that there is an association between lichen sclerosus and the development of squamous cell carcinomas. The risk level reported in studies varies very widely from 0 to 12.5%.

Pragmatically, this means that men with this condition should be vigilant about skin changes and report them to us.

	<p>Phimosis</p> <ul style="list-style-type: none">• May be physiological in children.• If asymptomatic, it requires no treatment.• Look for underlying skin disorders and treat these.• If no underlying disorder, betamethasone 0.1% topically may still help, though may need to be repeated.• If topical treatments fail and symptoms are significant, consider referral for routine circumcision.
	<p>Have you used topical steroids to manage straightforward phimosis?</p> <p>Would you be confident to recognise lichen sclerosus – if not, have a look at the link to pictures below.</p>
	<p>Useful resources:</p> <p><u>Websites</u> (all resources are hyperlinked for ease of use in Red Whale Knowledge)</p> <ul style="list-style-type: none">• DermNet NZ – images of penile lichen sclerosus

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