Review due - March 2020

Adult Balanitis pathway This pathway has been developed from published guidance, in collaboration with local Adult (>16) presents with balanitis urologists. Clinical Commissioning Group This guidance is to assist GPs in decision making and is not intended to replace clinical judgment. Concern re SCC eg if presence of suspicious Treat with clobetasol Does the patient have balanitis xerotica obliterans or lichen skin lesion such as a penile mass or ulceration 0.05% ointment or sclerosis? cream for 2 weeks Νo If no improvement Exclude diabetes (fasting blood glucose/dipstick urine/ If still red ++ Yes HbA1C) Is there urethral discharge? —STD confirmed/suspected→ Sub-preputial swab +/- urethral swabs to exclude STD Refer to **GUM** Test sexual partner also Refer to urology 2 week referral or dermatology as to exclude PIN/ No STD appropriate SCC Has the patient had balanitis with skin changes for > 6 weeks? 2 week referral Well defined raised lesions/ **IMAGES** ulceration **Balanitis** No Foreskin hygiene - daily cleaning with water. Avoid soap and irritants. Consider emollient as soap substitute For non-specific, irritant or contact dermatitis: prescribe topical hydrocortisone 1% for up to 14 days Lichen sclerosus For fungal infection: prescribe topical imidazole cream or oral fluconazole 150mg single dose if symptoms For suspected or confirmed Gardnerella associated balanitis: oral metronidazole 400mg BD for 7 days For suspected or confirmed streptococcal balanitis: flucloxacillin 500mg QDS for 7 days. If penicillin Epithelial neoplasia allergic: erythromycin 500mg QDS or clarithromycin 250mg BD for 7 days Treat sexual partner as appropriate If recurrent (≥2 occasions) Refer to urology or dermatology as **Prerequisites for Referral** appropriate Comments & enquiries relating to medication: HbA1C,STI screen (chlamydia + CCCG Medicines Management Team mmt.camdenccg@nhs.net Pathway created by NCL led by Camden CCG gonorrhoea), recurrence despite treatment Refer to current BNF or SPC for full medicines information Clinical Cabinet + GB July 2016 on 2 occasions (± swabs, if taken)

Clinical Contact for this pathway for queries: Dr Sarah Morgan

(sarah.morgan1@nhs.net)