Foreskin inflammation

There are multiple possible causes, such as inattention to hygiene, trauma (forcible retraction), infection (commonly staphylococcal, streptococcal or candida) or dermatitis (contact, allergy, drug reaction). Chronic inflammation may result in phimosis. Inflammation ranges from low grade with redness of distal foreskin (posthitis) to painful cellulitis with discharge (balanitis or balanoposthitis).

Entrapped smegma. Foreskin "pearls" occasionally develop beneath the foreskin as a variant during separation process. Commonly situated laterally over proximal glans (Image 3) compared with dermoid cysts that are ventral midline. Treatment is conservative. Retained smegma can be a nidus for infection requiring treatment.

Paraphimosis

Failure, or inability to return retracted foreskin to cover the glans leads to oedema, venous congestion and can lead to ischaemic necrosis of glans.

Narcotic analgesia or general anaesthesia may be necessary and dorsal slit is performed if manual reduction fails. This is followed by circumcision, preferably performed several weeks later for optimum cosmesis, after oedema has settled.

Reasons for Male Circumcision

- Episode of significant balanitis, persistent or recurrent inflammation
- Failure of topical steroid or recurrent phimosis after cessation of treatment.
- Phimosis persisting in late childhood
- Recurrent urinary tract infection with or without other urinary tract anomaly (10 x reduction in UTI).
- Balanitis Xerotica Obliterans
- Stenosis of preputal orifice restricting flow of urine
- Hooded foreskin without hypospadias or chordee. (Not suitable for newborn procedure as distal urethra is often close to ventral skin and susceptible to injury.)
- Disfiguring injury of foreskin
- Cultural, religious or family preference with agreement of both parents
- Public health in high HIV-prevalence settings

References available on request.

KEY POINTS

- Hygiene advice: supervised daily retraction when the child is old enough to comply – retract while bathing, as far as comfortable, followed by return of skin to cover the glans.
- Topical steroid can achieve retractable foreskin in over 80% of phimosis (not BXO) with optimum results if applied to clean foreskin for up to 4 weeks.
- Foreskin inflammation treatments are: salt baths, topical antibacterial and/or antifungal, and hygiene advice. If cellulitis and pus, add analgesia and oral (IV if unwell) antibiotics.
- Paraphimosis requires urgent reduction.
- Circumcision is contraindicated when foreskin flaps are required to correct abnormalities such as hypospadias, chordee, buried penis and significant webbed penis.

Type 1 breakthrough

By Prof Tim Jones

Results from a four-year study into screening and treating young adolescents with Type 1 diabetes at risk of developing cardio-renal complications with blood pressure and cholesterol lowering medications have excited the team led by Prof Tim Jones, co-director of the Children's Diabetes Centre at the Telethon Kids Institute.

Prof Jones said the AdDIT (**A**dolescent **T**ype 1 **D**iabetes cardio-renal **I**ntervention **A**Trial) set out to examine the risks of complications during puberty and to find out if ACE inhibitors and statins could lessen the risk of kidney, eye and cardiovascular diseases in young people with Type 1 Diabetes.

The study which involved screening 4407 young people at seven hospitals in Australia, the UK and Canada and recruiting 200 participants, including 40 in WA, has given strong indication that for those at risk, these drugs can work.

But Tim cautions that more time is needed to follow these young people because experience would indicate that as children got older their diabetes got worse – for a range of reasons, not least of them because teenagers are not the most compliant of patients.

"We have only had this group under our eye for three to four years and we do need to follow them for longer to determine the long-term effects," Tim said.

"The most exciting thing for us is being able to identify those at risk of complications early and to treat early."