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Balanitis is inflammation of the glans penis. It is more common in uncircumcised men and when the prepuce is involved it is called balanoposthitis.

Balanitis may be acute or chronic, caused by many infective agents such as, viral, bacterial, trichomonal or fungal or by irritant, trauma or drug reactions. It may present with other systemic diseases.

A cute-superficial balanitis when caused by bacteria may be non specific or specific. Non specific balanitis caused by streptococci, staphylococci or coliform bacilli. The most common cause is group B streptococci. Specific balanitis may be syphilitic or gonococcal, they diagnosed by culture sensitivity test of the exudate and treated by the systemic treatment of the disease.

Viral balanitis caused by herpes simplex type 1 and herpes simplex type 2. Secondary infection may occur and make the condition worse. The diagnosis need histopathological scanning or culture, the viral type have many complication.
Candida albicans may be the cause of balanitis especially in patient debilitating disease, it is easily diagnosed by clinical picture and treated by antifungal drug.

Trichomonas is one of the most common cause which is transmitted by sexual intercourse, the causative organism must be demonstrated microscopically to diagnose the condition. Amoebic balanitis is a rare type and occur mainly in homosexual.

Balanitis may be due to hypersensitivity to drugs, many drugs can produce such reaction, tetracycline is the most common drug, this type must be differentiated from other conditions.

Irritant and trauma may be another causes of balanitis.

Chronic balanitis are balanitis xerotica obliterans, Zoon's balanitis, circinate erosive balanitis, gangrenous balanitis, keratotic and pseudo-epitheliod-matous balanitis.

Balanitis xerotica obliterans is of unknown aetiology, asymptomatic and regress spontaneously, can not be diagnosed on clinical picture but need biopsy for
histopathological examination, it may complicate to ma-
lignant transformation.

Zoon's balanitis is of unknown aetiology it may be
consider as a premalignant disease, so a biopsy for pat-
thological examination is always indicated for its diagn-
osis, the curable treatment is only circumcision.

Circinate erosive balanitis occurs in two forms,
the first one present with Reiter's disease so that li-
ttle is known about it is pathogenesis and it is muco-
utaneous lesion which is selflimitted. The second form
is a persistantly recurrent one.

Pseudo-epitheliomatous balanitis is extremely rare
type, with low grade malignant growth, the cause is un-
known. It must differentiated from squamous cell carci-
noma and amputation of the glans is the only successful
line of treatment.

The gangrenous balanitis is an occasional complic-
ation of venereal disease so that attention to the unde-
rling disease must be done.