

## S U M M A R Y

### SUMMARY

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.

Acute 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 debilitated by disease, it is easily diagnosed by clinical picture and treated by antifungal drug.

Trichomonal 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 occurs 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-epitheliomatous balanitis.

Balanitis xerotica obliterans is of unknown aetiology, asymptomatic and regresses spontaneously, can not be diagnosed on clinical picture but needs biopsy for

histopathological examination, it may complicate to malignant transformation.

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

Circinate erosive balanitis occurs in two forms, the first one present with Reiter's disease so that little is known about its pathogenesis and it is mucocutaneous lesion which is selflimited. The second form is a persistantly recurrent one.

Pseudo-epitheliomatous balanitis is extremely rare type, with low grade malignant growth, the cause is unknown. It must differeniated from squamous cell carcinoma and amputation of the glans is the only successful line of treatment.

The gangrenous balanitis is an occasional complication of venereal disease so that attention to the underlying disease must be done.