

DEFINITION

- Penis or scrotum symptoms in older boy after the onset of puberty (pubic hair and genital changes are present). If puberty status unknown, use age 12 and older as the cutoff.
- Penis symptoms include rash, pain, discharge, itching and swelling
- Scrotum symptoms include rash and itching
- Excluded: Genital injury (see that guideline)
- Excluded: Painful scrotum, swollen scrotum or lump in the scrotum (see that guideline).

INITIAL ASSESSMENT QUESTIONS

1. SYMPTOM: "What's the main symptom you're concerned about?" (e.g., rash, discharge from penis, pain, itching, swelling)
2. LOCATION: "Where is the _____ located?" If scrotum, ask: "One side or both?"
3. ONSET: "When did _____ start?"
4. PAIN: "Is there any pain?" If so, ask: "How bad is it?"
5. URINE: "Any difficulty passing urine?" If so, ask: "When was the last time?"
6. CAUSE: "What do you think is causing the penis symptoms?"

- Author's note: IAQ's are intended for training purposes and not meant to be required on every call.

TRIAGE ASSESSMENT QUESTIONS

See More Appropriate Guideline

Scrotum painful or swollen OR lump in the scrotum/groin area

Go to Guideline: Scrotum Swelling or Pain (Pediatric)

Before puberty OR younger than 12 if puberty status unknown

Go to Guideline: Penis-Scrotum Symptoms - Before Puberty (Pediatric)

Recent circumcision questions

Go to Guideline: Circumcision Problems (Pediatric)

Followed an injury to the genital area

Go to Guideline: Genital Injury - Male (Pediatric)

Pain or burning with passing urine

Go to Guideline: Urination Pain - Male (Pediatric)

Blood in the urine

Go to Guideline: Urine - Blood In (Pediatric)

STI exposure but no symptoms

Go to Guideline: STI Exposure or Questions (Pediatric)

Go to ED Now

Scrotum painful or swollen

R/O: torsion of testes, epididymitis, orchitis

CA: 51, 6

[1] Not circumcised AND [2] foreskin pulled back behind head of penis and stuck

R/O: paraphimosis

CA: 51, 6

Foreign body is stuck in penis

CA: 51, 6

[1] Blood from end of penis AND [2] large amount

CA: 51, 6

Go to ED Now (or PCP triage)

Severe pain or swelling of the penis

CA: 52, 6

[1] Can't pass urine for > 4 hours or only can pass very small amounts AND [2] bladder feels very full

R/O: acute urinary retention

CA: 52, 6

[1] Erection AND [2] present > 2 hours

R/O: priapism from SSD or medication

CA: 52, 6

[1] Monkeypox rash suspected (unexplained rash often starting on the face or genital area, then spreading quickly to the arms and legs) AND [2] known monkeypox exposure in last 21 days (Note: exposure means close contact with person who has a confirmed diagnosis of monkeypox)

CA: 52, 6

Child sounds very sick or weak to the triager

CA: 52, 6

See HCP (or PCP Triage) Within 4 Hours

[1] Pus or bloody discharge from the end of the penis AND [2] fever

R/O: gonococcal bacteremia

CA: 53, 7, 12, 6

[1] Pain or burning with passing urine AND [2] severe

R/O: severe urethritis

CA: 53, 9, 12, 6

[1] Rash is bright red AND [2] fever

R/O: cellulitis

CA: 53, 7, 12, 6

See PCP Within 24 Hours

Pus, blood (small amount), or other discharge from end of penis (Exception: occasional clear discharge from prostate secretions)

R/O: gonococcal or Chlamydial urethritis, FB

CA: 54, 9, 10, 11, 12, 24, 6

Blood in semen

R/O: FB, STD (STI)

CA: 54, 9, 10, 11, 12, 24, 6

[1] Pain or burning with passing urine AND [2] not severe

R/O: gonococcal or Chlamydial urethritis, UTI

CA: 54, 9, 10, 11, 12, 24, 6

STI (Sexually transmitted infection) suspected

Reason: relieve fear and prevent spread of STI

CA: 54, 10, 11, 13, 12, 24, 6

Rash is painful

R/O: herpes simplex

CA: 54, 10, 11, 13, 12, 24, 6

[1] Tiny water blisters rash AND [2] 3 or more

R/O: herpes simplex, pustules

CA: 54, 10, 11, 13, 12, 24, 6

Looks infected (e.g. draining sore, ulcer, spreading redness, etc.)

CA: 54, 3, 14, 10, 11, 12, 24, 6

Foreskin is red with non-severe swelling

R/O: irritated foreskin (irritant posthitis) or infected foreskin (yeast or bacterial posthitis)

CA: 54, 15, 10, 11, 12, 6

[1] Moderate or intermittent pain in penis AND [2] present > 24 hours

CA: 54, 13, 12, 24, 6

Call PCP Within 24 Hours

[1] Monkeypox rash suspected by triager (unexplained rash often starting on the face or genital area, then spreading quickly to the arms and legs) AND [2] no known monkeypox exposure in last 21 days (Exception: hives, insect bites, etc.)

CA: 60, 18, 26, 27, 12, 6

See PCP Within 3 Days

Severe itching

R/O: *poison ivy, pubic lice, jock itch*

CA: 55, 2, 3, 4, 12, 6

[1] Small lump AND [2] lasts > 1 day

R/O: *genital warts, inclusion cyst, normal pearly papules*

CA: 55, 8, 12, 6

Rash or itching lasts more than 3 days

R/O: *contact dermatitis, impetigo, yeast infection, STD (STI)*

CA: 55, 2, 3, 4, 12, 6

All other penis - scrotum symptoms (Exception: mild rash < 3 days or transient pain)

CA: 55, 2, 3, 4, 23, 24, 6

Home Care

[1] Mild rash or itching of penis or scrotum AND [2] present < 3 days

CA: 58, 1, 2, 25, 3, 4, 5, 6, 24

Transient pain of the penis

CA: 58, 20, 21, 6

[1] Erection AND [2] present < 2 hours

Reason: *probably normal*

CA: 58, 16, 17, 6

CARE ADVICE (CA) -

1. **Reassurance and Education:**
 - This small rash sounds harmless.
 - You can treat it at home.

2. **Rash Causes:**
 - Because hand-to-genital contact is normal during urination, the rash is probably from an irritant that was on the hands.
 - Examples are a plant (e.g., evergreen), chemicals (e.g., insecticides), fiberglass, detergents, pet saliva, or even food.
 - Note to RNs: Small friction burns (abrasions) on the penis can normally follow masturbation or intercourse.
3. **Clean the Area:**
 - Wash the area once with soap to remove any irritants.
4. **Hydrocortisone Cream for Itching:**
 - For itchy rashes, apply 1% hydrocortisone cream OTC 3 times per day for a few days.
5. **Call Back If**
 - Rash spreads or becomes worse
 - Rash lasts over 3 days
 - Fever occurs
 - Your child becomes worse
6. **Care Advice** given per Penis - Scrotum Symptoms After Puberty (Pediatric) guideline.
7. **Fever Medicine and Treatment:**
 - For fever above 102 F (39 C) or child uncomfortable, give acetaminophen every 4 hours **Or** ibuprofen every 6 hours (See Dosage table).
 - **For All Fevers:** Give cool fluids in unlimited amounts. Dress in 1 layer of clothing, unless shivering. For fevers 100-102 F (37.8 to 39 C), this is the only treatment needed. Fever medicines are unnecessary. Exception: if you feel your child also has pain, treat it.
8. **No Additional Treatment:**
 - No treatment is needed at this time.
9. **Pain Medicine:**
 - For pain relief, give acetaminophen every 4 hours **Or** ibuprofen every 6 hours as needed. (See Dosage table.)
 - Urinating while soaking the penis in warm water (in a bath or cup) may reduce pain.
10. **STD Prevention:**
 - If known to be sexually active, avoid sex or be sure to use a condom until problem has been diagnosed and treated.
 - If STD is strongly suspected, notify involved sexual partner (if known) so he/she might also be evaluated & treated.
11. **STD Referral:**
 - Telephone numbers that are helpful if patient doesn't have PCP:
 - STD clinic within local public health department: XXX-XXXX
 - Planned Parenthood clinic: XXX-XXXX
12. **Call Back If**
 - Your child becomes worse

13. **Painful Rash Treatment:**
 - For painful rash, cover it with petroleum jelly.
 - If needed, also give acetaminophen every 4 hours **Or** ibuprofen every 6 hours. (See Dosage table.)
14. **Antibiotic Ointment:**
 - For any cuts, sores or scabs that look infected, apply an antibiotic ointment (no prescription needed) 3 times per day until seen.
15. **Clean Under Foreskin:**
 - The foreskin swelling is probably due to some irritants trapped under it.
 - Gently retract the foreskin as far as it normally goes and cleanse the area with warm water.
 - Do this once per day until seen.
 - Don't use any soap.
16. **Normal Erection**
 - Erections in teenage boys can occur at any time.
 - They are caused by a buildup of fluid in the testes, normal sexual thoughts or no reason at all.
 - In general, erections are normal, harmless and transient.
 - They shouldn't cause any pain.
17. **Call Back If:**
 - Erection lasts over 2 hours
 - Erection becomes painful
18. **Reassurance and Education - Monkeypox in Children:**
 - Monkeypox is extremely rare in children.
 - Of all cases in the US, only 1 per 1000 has occurred under age 17 years. Even less common in younger children.
 - Children mainly get monkeypox if someone in their home has monkeypox.
 - Most worries about children catching monkeypox are not warranted.
19. **Don't Give Anything By Mouth:**
 - Do not allow any eating, drinking or oral medicines. (Reason: condition may need surgery and general anesthesia.)
20. **Reassurance and Education:**
 - Transient pain of the penis can be caused by a minor injury or even from masturbation.
21. **Call Back If:**
 - Pain of penis returns
 - Scrotum becomes painful
 - Your child becomes worse
22. **Pain Medicine:**
 - Continue acetaminophen every 4 hours **Or** ibuprofen every 6 hours until seen. (See Dosage table.)
23. **Call Back If:**
 - Rash spreads or becomes worse
 - Pain occurs
 - Fever occurs
 - Your child becomes worse

24. **Note to Triager - See Additional Guideline:**
- If symptoms could be from sexual abuse, after using this guideline to treat symptoms, go to **Sexual Abuse** guideline.
25. **Prevention of Recurrent Symptoms:**
- Teach your son that if his hands are dirty, to wash them before urinating.
26. **Monkeypox Rash Appearance:**
- Initial symptoms are fever, headache, muscle ache and swollen lymph nodes. These symptoms last 1 to 5 days. Small sores may appear in the mouth.
 - A rash appears about 1 to 3 days after the start of the fever. Sometimes people get the rash first and afterwards other symptoms.
 - The rash usually starts on the face, sometimes on the genital area. It spreads quickly within 24 hours to the arms and legs, even the palms and soles.
 - Each monkeypox sore is about 0.5 cm to 1 cm wide. Each sore progresses through the following stages: small red spot (macule), small red bump (papule), small water blister (vesicle), small cloudy blister (pustule). Then, the sore crusts over and the scab falls off. The entire process takes about 2 weeks.
 - The rash is usually the same size and at the same stage on different areas of the body, unlike chickenpox.
27. **Monkeypox Disease - Basics:**
- Monkeypox is a rare disease caused by the monkeypox virus.
 - **Diagnosis:** Suspected by appearance of rash and monkeypox contact. Diagnosis confirmed by lab test on fluid from monkeypox sore. Most testing done through public health department.
 - **Incubation period:** Symptoms usually start between 1 to 2 weeks after exposure. Range is from 4 to 21 days.
 - **Contagious period:** A person can spread monkeypox from the time symptoms start until all the monkeypox sores have crusted over and fallen off (usually 7 to 14 days).
 - **Spread:** Monkeypox spreads from person-to-person by direct skin contact. For example, spread can occur during intimate contact and sex. Most current cases occur in adult men who have sex with other men.
 - **Isolation is Needed:** To protect others, stay at home (isolate) until all of the scabs have fallen off the monkeypox spots and the skin is healing. Avoid close contact with others in your home.
 - **Treatment:** Symptoms are treated with home remedies and OTC meds. Prescription medicines are not needed for most healthy people.
 - **Outcome:** Most healthy people do not develop any complications.
50. **Call EMS 911 Now:**
- Your child needs immediate medical attention. You need to hang up and call 911 (or an ambulance).
 - Triager Discretion: I'll call you back in a few minutes to be sure you were able to reach them.
51. **Go To ED Now:**
- Your child needs to be seen in the Emergency Department immediately.
 - Go to the ED at _____ Hospital.
 - Leave now. Drive carefully.

52. **Go To ED Now (or PCP Triage):**
- **If No PCP (Primary Care Provider) Second-Level Triage:** Your child needs to be seen within the next hour. Go to the ED/UCC at _____ Hospital. Leave as soon as you can.
 - **If PCP Second-Level Triage Required:** Your child may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, go directly to the ED/UCC at _____ Hospital.
53. **See HCP Within 4 Hours (or PCP triage):**
- **If Office Will Be Open:** Your child needs to be seen within the next 3 or 4 hours. Call your doctor's (or NP/PA) office as soon as it opens.
 - **If Office Will Be Closed and No PCP (Primary Care Provider) Second-Level Triage:** Your child needs to be seen within the next 3 or 4 hours. A nearby Urgent Care Center (UCC) is often a good source of care. Another choice is to go to the ED. Go sooner if your child becomes worse.
 - **If Office Will Be Closed and PCP Second-Level Triage Required:** Your child may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again. **Note:** If on-call provider can't be reached, send to UCC or ED.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
 - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
- Sources of Care:**
- **ED:** Patients who may need surgery or hospital admission need to be sent to an ED. So do most patients with serious symptoms or complex medical problems.
 - **UCC:** Some UCCs can manage patients who are stable and have less serious symptoms (e.g., minor illnesses and injuries). The triager must know the UCC capabilities before sending a patient there. If unsure, call ahead.
 - **OFFICE:** If patient sounds stable and not seriously ill, consult PCP (or follow your office policy) to see if patient can be seen NOW in office.
54. **See PCP Within 24 Hours:**
- **If Office Will Be Open:** Your child needs to be examined within the next 24 hours. Call your child's doctor (or NP/PA) when the office opens and make an appointment.
 - **If Office Will Be Closed:** Your child needs to be examined within the next 24 hours. A clinic or an urgent care center is often a good source of care if your doctor's office is closed or you can't get an appointment.
 - **If Patient Has No PCP:** Refer patient to a clinic or urgent care center. Also try to help caller find a PCP (medical home) for future care.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
 - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.

55. **See PCP Within 3 Days:**
 - Your child needs to be examined within 2 or 3 days.
 - **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment. A clinic or urgent care center are good places to go for care if your doctor's office is closed or you can't get an appointment. **Note:** If office will be open tomorrow, tell caller to call then, not in 3 days.
 - **If Patient Has No PCP (Primary Care Provider):** Try to help caller find a PCP for future care (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.
56. **See PCP Within 2 Weeks:**
 - Your child needs an evaluation for this ongoing problem within the next 2 weeks.
 - **PCP Visit:** Call your child's doctor (or NP/PA) during regular office hours and make an appointment.
 - **If Patient Has No PCP (Primary Care Provider):** A primary care clinic is where you need to be seen for chronic health problems. **Note:** Try to help caller find a PCP (e.g., use a physician referral line). Having a PCP or 'medical home' means better long-term care.
58. **Home Care:**
 - You should be able to treat this at home.
59. **Call PCP Now:**
 - You need to discuss this with your child's doctor (or NP/PA).
 - I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again.
60. **Call PCP Within 24 Hours:**
 - You need to discuss this with your child's doctor (or NP/PA) within the next 24 hours.
 - **If Office Will Be Open:** Call the office when it opens tomorrow morning.
 - **If Office Will Be Closed:** I'll page the on-call provider now. Exception: From 9 pm to 9 am. Since this isn't urgent, we'll hold the page until morning.
61. **Call PCP When Office Is Open:**
 - You need to discuss this with your child's doctor (or NP/PA) within the next few days.
 - Call the office when it is open.

FIRST AID



N/A

BACKGROUND INFORMATION

Symptoms

- Penis symptoms include rash, pain, itching, and swelling. Discharge from the end of the penis is also included.
- Scrotum symptoms include rash, itching, pain and swelling.
- Any genital pain that is not due to an injury is covered.

Causes of Rashes on Penis or Scrotum

- Most rashes on the penis or scrotum are caused by skin irritants.
- Hand-to-penis contact is normal when passing urine. Therefore, the rash is most likely from an irritant that was on the hands.
- Examples are plants (such as weeds) or chemicals (such as bug spray). Fiberglass, pet saliva or even food can also be irritants.
- Rashes are more common in the summer. Reason: Children are outdoors and have more contact with plants and pollens.

Monkeypox Rash Appearance

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- **Isolation is Needed:** To protect others, stay at home (isolate) until all of the scabs have fallen off the monkeypox spots and the skin is healing. Avoid close contact with others in your home.
- **Treatment:** Symptoms are treated with home remedies and OTC meds. Prescription medicines are not needed for most healthy people.
- **Outcome:** Most healthy people do not develop any complications. Death rate is less than 1 percent.

Types of Foreskin Retraction Problems

- **Paraphimosis.** Forceful retraction can cause the foreskin to get stuck behind the glans. The glans is the head of the penis. This can cause severe pain and swelling. It's a medical emergency.
- **Bleeding.** If retraction is forceful, it can cause a small cut. This cut may cause a small amount of bleeding and pain.
- **Foreskin Infection.** This means an infection under the foreskin. The infection can start in a cut caused by forceful retraction. The main symptom is a red and tender foreskin. Pus may also ooze out to the foreskin opening. Passing urine is painful.
- **Urine Retention (Serious).** Can't pass urine or just dribbles urine.

Causes of Swollen Scrotum

- **Torsion of the Testis (Serious).** The testicle twists and cuts off its blood supply. It is always painful.

Needs to be repaired within 6 to 12 hours to save the testicle. This is why seeing all males with a swollen scrotum is an emergency.

- **Inguinal Hernia.** A hernia is a loop of intestine that slides into the scrotum. Any new bulge that comes and goes is a hernia. All hernias need surgery to fix. Most of the time, the repair can be scheduled. If the hernia can't slide back into the abdomen, emergency surgery is needed.
- **Varicocele.** A clump of swollen veins above the testis, often on the left side. It becomes much smaller after lying down and draining. It is painless. It is also harmless and occurs in 10% of teens.
- **Orchitis.** This is an infection of the testicle. It is always painful. It's mainly caused by viruses, such as mumps.
- **Epididymitis.** This is an infection of the epididymis, a tube that stores the sperm made by the testicle. There is one attached to the back of each testicle. It is always very painful. Usually caused by bacteria, often a sexually transmitted infection (STI). Much more common than orchitis.
- **Hematoma (Blood Clot) of Scrotum.** Blunt trauma can cause a large blood clot to form inside the scrotum. Sometimes, it needs to be drained. This can happen from being hit by a ball during sports.

Foreskin Infections (Posthitis): Extra Treatment Advice For Physicians

- The symptoms of inflammation of the foreskin (posthitis) are itching, discomfort, redness, and swelling. Occasionally, a purulent discharge occurs.
- **Causes of Red and Swollen Foreskins:** The most common cause is an irritant. The irritant can be soap, dirt and desquamated cells. This can occur if the foreskin isn't retracted and cleaned underneath. Once irritated, a secondary yeast infection can occur. This may be more itchy than painful. If the foreskin suddenly becomes red and painful, it may be caused by a bacterial infection. The most common organism is Group A Strep.
- While most boys with posthitis need to be examined, some physicians may elect to treat mild infections by telephone.
- Usually, mild posthitis can be treated with retraction and cleansing with warm water 3 times a day. The first cleansing may need to be performed in the physician's office for removal of any smegma or irritating substances that have collected under the foreskin. If the foreskin is not retractable, warm soaks of the penis will do.
- Bacterial infections need oral antibiotics (e.g., oral cephalexin or Keflex).
- Antibiotic eyedrops (e.g., Tobramycin or Gentamicin eyedrops) dripped into the closed space will clear up most superficial infections. Use 2 or 3 drops qid.

Priapism

- Priapism is the medical term for a prolonged erection.
- Priapism is rare in children.
- Over 90% of priapism is painful (the ischemic or low flow type). This type is a urologic emergency. The most common cause is sickle cell anemia.
- Less than 10% of priapism is painless (the high flow type). Treatment of this type is not an emergency.
- Some prescription medications (not just erectile dysfunction drugs) can cause priapism. Examples are antidepressants, antipsychotics and antihypertensives. Poisoning with these drugs may cause priapism in young children.

Expedited Partner Therapy (EPT)

- **Definition:** For patients diagnosed with a STD, the treatment of sexual partners without medical evaluation.
- **Method:** Give the patient the extra antibiotic to pass on or write the extra prescription.
- **Purpose:** Prevent re-infections and transmission to others.
- **Main indication:** The patient believes the sexual partner will not come in for evaluation and treatment. Mainly used for Chlamydia and GC infections.
- **Endorsed by:** AAP, ACOG, AMA and Society for Adolescent Health and Medicine.

- Laws: Allowed in 45 States in 2020. First law was passed in California in 2001.
- Resource: www.cdc.gov/std/ept

Expert Reviewer

- Jeffrey Campbell MD, Pediatric Urologist, Children's Hospital Colorado, Aurora, Colorado
- The author is extremely grateful for this critical review.

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SEARCH WORDS

ADOLESCENTS
 BLISTERS
 BLOOD FROM PENIS
 BLUISH HEAD OF PENIS
 BLUISH PENIS
 BUMPS
 CIRCUMCISION PROBLEMS
 DISCHARGE
 DRIP
 ERECTION
 FORESKIN
 FORESKIN RETRACTION PROBLEMS
 GENITAL ULCERS
 GENITALS
 GROIN PAIN

HEAD OF PENIS
ITCHING
MONKEYPOX
PAIN
PENIS
PENIS DISCHARGE
PENIS ITCHING
PENIS PAIN
PENIS PAINS
PENIS RASH
PENIS RASH OR SORE
PENIS SWELLING
PENIS SWELLING OR LUMP
PENIS SYMPTOM
PENIS SYMPTOMS
PENIS TOURNIQUET
PENIS ULCERS
PIMPLES
PURPLE END OF PENIS
PURPLE HEAD OF PENIS
PURPLE PENIS
PURPLE TIP OF PENIS
PUS FROM FORESKIN
PUS FROM PENIS
RED FORESKIN
REDNESS
SCROTAL PAIN
SCROTAL SWELLING OR LUMP
SCROTUM
SCROTUM RASH
SORES
SPOTS
STD
STDS
STI
STIS
SWELLING OF PENIS
SWOLLEN FORESKIN
TEENAGERS
TEENS
ULCERS
URETHRAL DISCHARGE

URINATION PAIN WITH
VENEREAL DISEASE
VENEREAL DISEASES

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