

## 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 skin symptoms include rash and itching
- Included: Foreskin retraction questions for noncircumcised boys are covered
- Excluded: Swollen scrotum or lump in the scrotum, see that protocol
- Excluded: Genital pain caused by genital trauma/injury, see that protocol

## TRIAGE ASSESSMENT QUESTIONS

### See More Appropriate Protocol

Scrotum swollen or lump in the scrotum/groin area

*Go to Protocol: Scrotum Swelling or Pain (Pediatric)*

Pain or burning with passing urine is main symptom

*Go to Protocol: Urination Pain - Male (Pediatric)*

STI exposure but no symptoms

*Go to Protocol: STI Exposure or Questions (Pediatric)*

Followed an injury to the genital area

*Go to Protocol: Genital Injury - Male (Pediatric)*

### Go to ED Now

Foreskin pulled back behind head of penis and stuck (teen not circumcised)

*R/O: paraphimosis*

Large amount of blood from end of penis

*R/O: urethral FB, UTI*

Painful erection present > 1 hour

*R/O: priapism*

Foreign body is stuck in penis

### Go to ED/UCC Now (or to Office with PCP Approval)

Scrotum painful or swollen

*R/O: torsion of testes, epididymitis, orchitis*

Can't pass urine or only can pass a few drops

*R/O: acute urinary retention*

Severe pain or swelling of the penis

Teen sounds very sick or weak to triager

### Go to Office Now

Pain or burning with passing urine and with fever

*R/O: pyelonephritis, gonococcal bacteremia*

Red rash or red foreskin with fever

*R/O: cellulitis*

### Discuss With PCP and Callback by Nurse Within 1 Hour

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

*Reason: PCP to determine the most appropriate site to be seen.*

### See in Office Today

Pus or bloody discharge from end of penis

*R/O: gonococcal or Chlamydial urethritis, FB*

Pus from end of foreskin (teen not circumcised)

*R/O: posthitis*

Swollen foreskin (teen not circumcised)

*R/O: posthitis or infected foreskin*

Pain or burning with passing urine without fever

*R/O: GC or Chlamydia urethritis, UTI*

Fever

*R/O: UTI, epididymitis*

Blood in urine

*R/O: UTI, renal stone*

Blood in semen

*R/O: FB, STI*

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

Moderate or intermittent pain in penis present > 24 hours

Caller is worried teen has a sexually transmitted infection (STI)

*Reason: relieve fear and prevent spread of STI*

Monkeypox rash suspected by TRIAGER (unexplained rash often starting on the face or genital area, then spreading quickly to the arms and legs) and NO known monkeypox exposure in last 21 days (Exception: classic hand-foot-mouth disease, hives, insect bites, etc.)

### See in Office Today or Tomorrow

Rash is painful

*R/O: herpes simplex*

Rash has tiny water blisters

*R/O: herpes simplex, pustules*

Severe itching (interferes with school or sleep)

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

## See in Office Within 3 Days

Small lumps or wart

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

All other penis-scrotum symptoms (Exception: mild rash < 48 hours or foreskin retraction questions)

Triager thinks teen needs to be seen for non-urgent problem

Caller wants teen seen for non-urgent problem

## Home Care

Mild rash or itching of penis or scrotum present < 48 hours

*R/O: contact dermatitis*

Foreskin retraction and cleansing questions

## HOME CARE ADVICE

### Rash of Penis or Scrotum

- 1. Reassurance and Education - Rash of Penis or Scrotum:**
  - This small rash sounds harmless.
  - We can probably treat it at home.
- 2. Rash Causes:**
  - Since 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.
  - Remind your son that if his hands are dirty, to wash them before urinating.
  - Triage aid for nurses: 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 a small amount of 1% hydrocortisone cream OTC 2 times per day for a few days.
  - Avoid continued use.
  - **Caution:** Avoid if suspect genital herpes.
- 5. Antibiotic Ointment for Infection:**
  - For any cuts, sores or scabs that look infected, apply an OTC antibiotic ointment 3 times per

day until seen.

6. **Expected Course:**
  - Small rashes from irritants should disappear in 1 to 2 days with treatment.
7. **Prevention of Recurrent Symptoms:**
  - Remind your son that if his hands are dirty to wash them before urinating.
8. **Call Back If:**
  - Rash spreads or becomes worse
  - Rash lasts over 2 days
  - Fever occurs
  - Your teen becomes worse
9. **Extra Advice - STI Prevention:** If known to be sexually active, avoid sex until problem has been diagnosed and treated.

### **Normal Foreskin Retraction and Cleansing Questions**

1. **Reminders for Good Hygiene:**
  - Remind your son to retract his foreskin and clean beneath it at least once a week during bathing to prevent poor hygiene and infection.
2. **Clean the Glans and Avoid Soap:**
  - During retraction, cleanse the exposed part of the glans gently with warm water and dry it.
  - Do not use soap or leave soapy water under the foreskin, because this can cause irritation and swelling.
  - Wipe away any whitish material (smegma) that you find there.
3. **Reposition the Foreskin:**
  - After cleansing, always pull the foreskin forward to its normal position.
4. **Avoid Vigorous Retraction:**
  - This can cause pain, bleeding, or tears of the tissue.
  - It also may cause the foreskin to become stuck behind the head of the penis (paraphimosis).
  - Retraction is excessive if it causes any pain.
5. **Call Back If:**
  - Pain lasts over 24 hours
  - Foreskin looks infected
  - Other foreskin problems occur
6. **Extra Advice - Smegma:**
  - Smegma is the name given to the small pieces of whitish material that can build up under the foreskin if it is not pulled back and cleaned regularly.
  - Smegma is the accumulation of dead skin cells that are normally shed from the glans (head of the penis) and lining of the foreskin throughout life, and trapped under the foreskin.
  - Smegma is normal and harmless. It is not a sign of an infection.

## **FIRST AID**

N/A

## **BACKGROUND INFORMATION**

## Types of Foreskin Retraction Problems

- The foreskin usually causes no 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 and is a medical emergency.
- **Cut.** If retraction is forceful, it can cause a small cut. This cut may cause a small amount of bleeding and pain.
- **Scarring.** If forceful retraction causes bleeding, scar tissue may form and interfere with natural retraction.
- **Infection.** Sometimes, the cut causes the space under the foreskin to become infected. The main symptom is a red and tender foreskin. Pus may also come out to the foreskin opening. Occasionally, the infection can spread (cellulitis).
- **Urine Retention (Serious).** Can't pass urine or just dribbles urine. Defined as no urine in 8 hours.

## Monkeypox Disease: Basics

- Monkeypox is a rare disease caused by the monkeypox virus.
- Monkeypox remains an extremely rare disease in pediatrics (less than 1% of total cases). Usually these children have household exposure to someone that has it.
- **Diagnosis:** Suspected by appearance of rash and monkeypox contact. Diagnosis confirmed by lab test on fluid from monkeypox sore.
- **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. Death rate is less than 1 percent.
- **Vaccine:** There is a vaccine available to help prevent monkeypox in people who are exposed as well as those that are at high-risk.

## 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.

## 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.

### **Expedited Partner Therapy (EPT) for Teens**

- Definition: for patients diagnosed with a STI, 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](http://www.cdc.gov/std/ept)

## **REFERENCES**

1. Adelman WP and Joffe A. The adolescent male genital examination: What's normal and what's not. *Contemp Pediatr*. 1999;16(7):76-92.
2. Beharry MS, Shafii T, Burstein GR. Diagnosis and treatment of chlamydia, gonorrhea, and trichomonas in adolescents. *Pediatr Ann*. 2013 Feb;42(2):26-33.
3. Brown MR, Cartwright PC, Snow BW. Common office problems in pediatric urology and gynecology. *Pediatr Clin North Am*. 1997; 44: 1091-116.
4. Comkornruecha M. Gonococcal infections. *Pediatr Rev* 2013;34(5):228-234.
5. Darville T. Genital warts. *Pediatr Rev* 1999;20:271-272.
6. Hsii A, Hillard P, Yen S, Golden NH. Pediatric residents' knowledge, use, and comfort with expedited partner therapy for STIs. *Pediatrics*. 2012;130(4):705-711.
7. Langer JC and Coplen DE. Circumcision and pediatric disorders of the penis. *Pediatr Clin North Am*. 1998; 45:801-812.
8. Neinstein LS, Goldenring J. Pink pearly papules: an epidemiologic study. *J Pediatr* 1984 Oct;105(4):594-595.
9. Vohra S and Badlani G. Balantis and balanoposthitis. *Urol Clin North Am*. 1992;19:143.

10. Wu WJ, Gitlin JS. The male genital system. *Pediatr Rev.* 2020 Mar;41(3):101-111.

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