

# BCCDC Non-certified Practice Decision Support Tool: Candidal Balanitis

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## Scope

RNs may diagnose and recommend over-the-counter (OTC) treatment for candida balanitis.

## Etiology

Inflammation of the glans, most commonly caused by *Candida albicans* (*C. albicans*). Candidal balanitis is not usually sexually transmitted.

## Epidemiology

Candidal balanitis is a common infection in British Columbia.

## Risk Factors

- uncircumcised penis
- antibiotic use
- corticosteroid use
- immunocompromised
- diabetes
- poor hygiene
- SGLT2 inhibitor use
- individuals with partners with recurrent vulvovaginal candidiasis

## Clinical Presentation

- pruritus and/or pain to glans and/or foreskin
- erythematous rash and/or edema to the glans penis and/or under the foreskin, that may appear blotchy, shiny, dry, as raised red dots or bumps, or excoriated
- discharge under the foreskin and/or at the glans

## Physical Assessment

Assess:

- genital skin, penis and foreskin for erythema, excoriation, rash and discharge under the foreskin or at the glans
- mobility of foreskin for phimosis or paraphimosis
  - **Note: paraphimosis is a urological emergency; as this can compromise circulation, immediate referral is required**

If presentation is unclear, complete a full STI screen including herpes simplex virus (HSV) and Treponema pallidum (TP) PCR for syphilis if ulcers are present.

## Diagnostic and Screening Tests

No diagnostic or screening tests available. Diagnosis based on clinical presentation and physical assessment.

## Management

### Diagnosis and Clinical Evaluation

The diagnosis of candida balanitis is made based on the health history and clinical findings. Only individuals diagnosed with candida balanitis require treatment.

### Consultation and Referral

Consult with or refer to a physician (MD) or nurse practitioner (NP) all individuals who:

- are taking anticoagulants
- require oral antifungal therapy or alternate treatment option
- continue to experience symptoms or have reoccurrence of symptoms within 8 weeks after completion of antifungal treatment (may require a culture to rule out non-albicans species)
- have signs of phimosis (tightening of the foreskin; results from chronic inflammation)
- have signs of paraphimosis (trapping of the foreskin behind the glans penis
  - **note: paraphimosis is a urologic emergency; as this can compromise circulation, immediate referral is required**

## Treatment

Treatment	Notes
<b>First Choice</b>	
clotrimazole topical cream applied twice daily for 10-14 days	<ol style="list-style-type: none"> <li>1. Review information on the <a href="#">BCCDC Medication Handouts</a> and your agency’s drug reference database, including: allergies, interactions and side effects how to take the medication after-care information</li> <li>2. <b>Miconazole</b> <ul style="list-style-type: none"> <li>• May be contraindicated when taken with certain anticoagulants. Consult MD/NP</li> </ul> </li> <li>3. Consult with or refer to MD or NP if individual is unable to take recommended treatments.</li> </ol>
miconazole topical cream applied twice daily for 10-14 days	

## Notes

Individuals may purchase first choice treatments over-the-counter (OTC) and choose between the formulations in the treatment chart. Individuals can refer to the package insert for proper application.

## Monitoring and Follow-up

- **Repeat testing:** No
- **Test-of-cure (TOC):** No
- **Follow-up:** return for reassessment if symptoms persist following completion of treatment

## Partner Notification

- **Reportable:** No
- **Trace-back period:** N/A
- **Recommended partner follow-up:** not required unless they are experiencing symptoms

## Potential Complications

- recurrent candidal balanitis (recurrence within 8 weeks of treatment)
- chronic candidal balanitis
- phimosis
- paraphimosis **\*urologic emergency**
- meatal/urethral stricture or stenosis

- severe infection (edema, excoriation or fissure formation)

### Additional Education

- continue to apply topical antifungal cream for at least 10 days even if symptoms begin to resolve earlier
- many topical agents are oil-based which may weaken latex condoms and diaphragms, and cause them to fail
- while symptomatic, suggest avoiding washing with irritants (e.g., soaps, body wash); wash genitals with water.
- proper hygiene for genital skin, including; using mild soaps, avoiding over washing, and allowing glans to dry with foreskin retracted
- while symptomatic, there is an increased risk of STI acquisition or transmission
- [Standard Education for Sexually Transmitted & Blood-Borne Infections \(STBBI\)](#)

## References

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