

Phimosis

Phimosis (in Latin Phimosi) is a **narrowing of the peripheral portion of the foreskin** that is significant enough to **impede retraction through the glans penis** to behind the *sulcus glandularis*. Dragging is very limited or completely impossible, sometimes even the opening of the urethra cannot be visually exposed.

It is absolutely essential to be able to distinguish phimosis from conglutination during the physical examination of a child (the latter is always completely physiological).

Incidence

The incidence of phimosis decreases with age, as shown by a study of 2149 Taiwanese children in the first, fourth and seventh grades: fully retractable was in 8%, 21% and 58% of boys, partially retractable (meatus can be visualized and part of the gland exposed) in 40%, 41% and 29% of boys, narrowed with the ability to visualize only the meatus in 32%, 25% and 7%. **Phimosis with inability to visualize the meatus** was in 33%, 25% and 7% of boys. ^[1]



Etiology

Phimosis is divided into

- **physiological** (congenital) - present in almost all newborns, it is based on the physiological development of the congenital adhesion between the foreskin and the gland, the foreskin is not scarred, usually there are no visible signs of scarring
- **pathological** (acquired) - the signs of scarring are obvious at first glance, it is always pathological and is most often caused by repeated trauma when the foreskin is pulled carelessly, in up to 17% of cases in boys under 10 years of age it is the result of autoimmune inflammation called balanitis xerotica obliterans and is rarely the result of repeated inflammations

Etiology

Causes in children:

- the result of repeated unsparing handling – micro-traumatization with secondary healing
- autoimmune inflammation of the skin, so-called BXO – balanitis xerotica obliterans
- rarely the result of repeated inflammation of the foreskin (balanopostitis)

Causes in adults:

- congenital defect,
- inflammation,
- genital ulcer disease,
- DM (in old age).

Complications

In phimosis, "smegma" is retained in the prepuce. It is a white or yellowish material that mainly contains exfoliated epithelia and the product of the sebaceous glands of the genital organ. Smegma chronically irritates the area, bacterial superinfection can set in, and all of this is considered a major **risk factor for penile cancer**.

Therapy

In the case of acute phimosis, it is recommended to apply cold compresses, if an incision is necessary to release the pressure. In case of chronic problems, when there is a risk of repeated infections in the foreskin, it is possible to perform **circumcision**.

Links

Related Articles

- Penis
- Penile tumors
- Urethritis:
 - Gonorrhea

- Chlamydial genital infections
- Mycoplasma genital infections
- Balanitis
- Paraphimosis
- M. Peyronie's

References

- ŠTORK, Jiří. *Dermatovenereology*. 1. edition. Galen, 2008. 502 pp. ISBN 978-80-7262-371-6.
- HANUŠ, Tomáš. *Urology*. 1. edition. Triton, 2011. 207 pp. ISBN 978-80-7387-387-5.
- ŠNAJDAUF, Jiří. *Pediatric Surgery*. 1. edition. Galen, 2005. ISBN 807262329X.

Reference

1. Department of Urology, China Medical University Hospital, Taichung, Taiwan. Foreskin development before adolescence in 2149 schoolboys. *International Journal of Urology*. 2006, vol. 7., no. 13., p. 70, ISSN 1442-2042. PMID: 16882064 (<http://www.ncbi.nlm.nih.gov/pubmed/16882064>).DOI: 10.1111/j.1442-2042.2006.01449.x (<http://dx.doi.org/10.1111%2Fj.1442-2042.2006.01449.x>).