

# Analysis of Balanitis Xerotica Obliterans and its Effect on Male Reproductive System

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## ABOUT THE STUDY

Uncircumcised men are particularly susceptible to balanitis. A few of the causes are skin conditions, infections, inadequate hygiene, uncontrolled diabetes, and harsh soaps. Pain, redness, and a bad-smelling discharge under the foreskin are some of the symptoms. Antibiotics, steroid creams, or antifungal creams may be necessary for treatment, depending on the underlying reason. In severe situations, the foreskin might have to be replaced (circumcision) [1].

While functional and aesthetic requirements call for tissue-sparing approaches, genital malignancies constitute a distinct category that requires effective and curative therapy. These factors make micrographic surgery necessary. Researchers successfully handled 24 such patients using common micrographic surgical methods during the last five years. Twenty male and four female individuals with age category from 27 to 80 years old made up the patient group. Squamous cell cancer, Bowen's disease, verrucous carcinoma, basal cell carcinoma, Paget's disease, and leiomyosarcoma were among the diagnoses that were histologically verified. These were situated on the buttocks, perineum, scrotum, and penis. It was determined that seven of these individuals had recurring tumours. Six patients had preexisting illnesses, including hidradenitis suppurativa, trauma, decubitus ulcer, and balanitis xerotica obliterans [2].

The cutaneous surgery unit only used local anaesthesia for all surgeries. The average tumour size before therapy was  $2.0 \times 1.9$  cm. The typical postoperative defect measured  $4.5 \times 3.7$ . An average of three phases and 18 sections were used to remove tumours. The majority of defects (65%) were closed largely with the goal of secondary healing, five (21%), and three were recommended for closure. Five individuals experienced metastases in their local lymphatic system following surgery. There were no local recurrences in any subjects. For the management of local illness in individuals with genital tumours, micrographic surgery is a very helpful therapy option. Squamous cell carcinoma patients, however, should be taken into consideration for an elective local lymph node biopsy and/or dissection in addition to a microscopically guided removal of the main tumour [3]. The best treatment for balanitis xerotica obliterans that only affected the foreskin was circumcision.

The patients with meatal stenosis reacted effectively to routine meatal dilatation, routine meatotomy followed by routine dilatation, and in severe instances, meatoplasty. There is currently no proof that balanitis xerotica obliterans is the cause of proximal fossa navicularis related urethral strictures [4].

Adults' initial treatments frequently just entail removing the foreskin and cleansing the penis. To treat minor instances, several topical antibiotic and fungal ointments may indeed be utilized. Hydrocortisone and other steroidal creams could be applied after seeing a doctor, depending on the severity.

Balanitis is divided into three categories;

**Balanitis (also known as Zoon's balanitis):** The most common kind and often affects uncircumcised, middle-aged males. It results in a red, inflamed penis head.

**Circinate balanitis:** Reactive arthritis, a form of arthritis that arises in reaction to an infection in the body, is the cause of this kind of balanitis. Circinate balanitis results in tiny lesions (sores) on the cap of the penis in addition to swelling and redness.

**Pseudo epitheliomatous keratotic and micaceous balanitis:** An extremely unusual kind of balanitis results in warts that are scaly on the glans. Men over 60 are affected by it.

## CONCLUSION

Balanitis can have infectious etiologies from many bacteria, viruses, and fungi, such as yeast (including those that cause STDs such as gonorrhoea). A sexually transmitted infection is not balanitis. Although the actual disease cannot be transferred from one individual to another, the germs that cause balanitis may. Balanoposthitis bouts that recur often might raise suspicions of hidden diabetes.

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