Information for Parents About

Phimosis-Glanular Adhesions

Phimosis is the medical term used to describe the condition where the prepuce (foreskin) is attached to the head of the penis. During prenatal development, the prepuce and the glans (head of the penis) are adherent. These two skin layers separate gradually over the next several months (generally complete by 5 years of age) as sloughed skin cells and glandular secretions build up between them. This material can form small white bumps or prominent large white masses (looks like tofu) that may periodically erupt to the surface. This drainage does not indicate infection.

However, recurrent inflammation from diaper abrasion (rubbing) or from penile bacterial infection (balanoposthitis) can cause progressive scarring and narrowing of the prepuce. This tight scar band tends to progressively thicken, and can cause ballooning of the prepuce and sequestration of urine that promotes urinary infection. These problems occur in only a small percentage of uncircumcised boys, but they can also develop in circumcised boys (concealed penis). In rare cases, urinary obstruction can cause bladder and kidney deterioration.

Glanular adhesions covering the coronal margin are often filmy and can be easily lysed (separated). Use of a short course of a very low-dose topical steroid cream (Betamethasone) applied to the penis (twice daily for four weeks) is often successful in fully separating these adhesions (at least 50%). This medication decreases skin inflammation and increases elasticity. You may notice some redness at the edge of the foreskin as the adhesions are released. Although the package insert indicates that this medication has not been approved for use in children, no problems are anticipated if use is limited to an interval of 4-8 weeks. If Betamethasone therapy is not fully effective, then the remaining adhesions can easily be lysed during an office visit (after topical Lidocaine cream has been applied for analgesia).

Dense and thickened adhesions (scar bands) can occasionally be managed during an office visit, but these adhesions may require surgical correction in order to prevent bleeding or recurrence. Circumcision (initial or reoperative) or prepucioplasty under general anesthesia may also be necessary for definitive management.

Using Betamethasone cream

Gently pull back the foreskin as far as you can and apply a small amount of the cream to the leading edge of the foreskin twice daily. Then release the foreskin and allow it to roll back onto the glans. Use petroleum jelly to maintain this separation once the adhesions are fully separated.