



Pediatric Surgical Associates, Ltd.

Patient and Family Education

Penile Adhesions

What are Penile Adhesions?

Penile adhesions in boys occur when the penile shaft skin adheres to the glans or head of the penis. This can happen in both circumcised and uncircumcised boys. The adhesions can be located anywhere around the head of the penis and vary in severity. The adhesions are generally benign and cause no discomfort.

There are 2 types of adhesions; non-vascularized and vascularized. With non-vascularized adhesions the foreskin is naturally adherent to the head/glans of the penis and sometimes reoccur after circumcision. Often times this type of adhesion resolves without treatment from natural exfoliation of the skin. Vascularized adhesions are due to scar tissue formation from a previous procedure and will often require intervention to separate the skin bridge.

Causes

Adhesions may develop due to an excess of residual foreskin following a circumcision, or when the foreskin is unable to be retracted in uncircumcised boys. Adhesions can also form as an infant develops more fat in his pubic or lower abdominal area, this can cause the penis to be buried in the fat pad. Because the penis remains hidden, there is a tendency for the skin of the shaft to adhere to the glans. Small irritations can occur on the skin surface, causing it to stick to the surrounding tissue.

Symptoms

Most penile adhesions cause no obvious symptoms. Occasionally the area around the adhesions can become red and irritated. You may also notice a white discharge coming from the area of the adhesions. This is called smegma, which is dead skin cells that accumulate underneath the adhesion. This accumulation may help in naturally pushing the skin edges apart. Sometimes smegma can be mistaken for a cyst or pus under the skin, but it is not an infection and does not require antibiotics.

Diagnosis and Treatment

During diaper changes or bath time you may notice the adhesions, or they may be noted at a routine office visit with your son's primary care provider. Your son's physician or nurse practitioner will decide on the best treatment option for the adhesions. Treatment may include a topical steroid cream that will weaken the tissues and help breakdown the adhesions. It is important to follow your physicians or practitioners instructions when using the steroid cream. If the topical cream does not work to release the adhesions, your physician or practitioner may recommend a short procedure to separate or lyse the adhesions. This may be done in the office with a topical anesthetic or at the hospital with a brief general anesthetic. Your physician will discuss with you the best option for your son. Even with surgical correction, avascular adhesions frequently recur. The risk of recurrence can be decreased by gently retracting the skin over the head of the penis and applying a liberal amount of ointment 3-4 times a day or with diaper changes.

Cares After Adhesion Release

Apply ointment as directed by your physician. Let it melt around the area, you do not need to spread it. Do this a few times a day or with every diaper change for a week.

Your son's provider will discuss with you when to bathe after adhesion release. Bathe in plain water and soak for 10 minutes. This will promote healing and can be soothing. Apply Vaseline to glans after bathing as part of your son's daily routine.

Questions?

If you have any questions or concerns, please call your provider at Pediatric Surgical Associates at (612) 813-8000 or 1-800-992-6983