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Advice on treating phimosis in boys and adhesions in girls' minor lips

Autor/es: Gloria Orejón de Luna. Pediatra Atención Primaria. Centro de Salud General Ricardos. Área Centro de Atención Primaria de Madrid. SERMAS.

Traductor/a:

Marina Puertas Martínez.

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Advice on treating phimosis in boys

Phimosis or lack of retraction of the prepuce over the glans is a health problem that, although it is slight, has a high incidence in child population and it is a frequent reason for visiting the paediatrician. We must take into account that the main usual treatment is surgical and this worries parents a lot because general anaesthesia is needed.

In the first year of life, it is suffered by up to 50% of boys and in the first three years of life it can be suffered by up to 86% of boys, in this time phimosis is physiological, so to say, normal. Nevertheless, even 6% of boys whose ages range from 8 to 11 years old suffer from this phimosis and this does not mean that it is not going to be spontaneously solved.

For all these reasons, the first thing to take into account is that this problem is slight and can be solved spontaneously with time in most of the cases. We must also think that the lack of retraction of the prepuce has no symptoms at all. Sometimes children can complain because of the penis itch or burning sensation but not more frequently than boys who do not suffer from phimosis. Nevertheless, exceptionally, there might be symptoms or complications as important pain with spontaneous erections or repetition penis infections, also called balanitis.

The proper attitude when treating boys with phimosis will depend on the described factors up to now: child age and possible symptoms or complications. The first thing to be done is visiting a paediatrician and follow their advice although it is very likely that they have already given you some advice in the routine visits carried out by the boy.

In a boy up to three years old, but for an important phimosis or repetition symptoms, attitude must be conservative, this means, wait and see. It is of course recommendable that the paediatrician teaches parents to do efficient prepuce retractions so that they do them to the boy every day.

From this age, the same attitude could be kept because, as it has been pointed out, even in older boys phimosis can be solved with time. Nonetheless, a treatment can be initiated with a corticoid cream of medium or low power, which has proven to be efficient, and which reduces, to a great extent, the possibility of surgical treatment and, up to now, there have not been any side effects. Logically, that treatment must be recommended by a paediatrician, who must follow it up due to the fact that although with a first treatment cycle no visible results are obtained, a total of three treatment cycles could be tried. This treatment means rubbing that cream every 12 hours and in cycles of 8 weeks. (Figure 1).

How long can we wait to refer a boy to a specialist in paediatric surgery or a child urologist? Most of specialists do not recommend surgical intervention before 5-6 years old, but, according to what has been analysed, if the boy has no symptoms, we can wait for him to be older. Let's not forget that there is always time for surgical treatment and that because of waiting, the result of the intervention won't have a worse result. There can be special cases to operate before: for instance, that the child has to be operated before that age for other reasons and to take advantage of general anaesthesia, phimosis is operated or that the family concern is so important that it is necessary to be removed. And, of course, if the boy has important symptoms as aforementioned, a visit to the paediatrician is recommended.

Last, we can't forget those families that because of cultural reasons or tradition, want to make circumcision to boys after birth. We must bear in mind that, because of these reasons, this procedure is not considered in the health services of the public health network. However, if families want to make it, they should visit the paediatrician because that procedure must be done under suitable health conditions.

Advice on treating adhesions in girls' minor lips

Minor lip adhesions or vulvar synechiae is one of the most common gynecological problems in girls before puberty. 1,8% of girls suffer from it in any moment of their lives. It is more frequent between 13 and 23 months old, where it can reach 3,3%. The cause is unknown although it is related to the low level of estrogens that girls have before pubertal development. The most frequent fact is that girls with minor lip adhesions have no symptoms even though they can have slight ones as vaginal irritations, or more importantly, vaginal or repetition urinary infections. Exceptionally, severe symptoms may occur, as incontinence and urinary retention.

Initial suitable treatment for vulvar synechiae is the usage of a estrogen cream. This treatment has worse results in girls older than 3 years old and when adhesions are more dense or fibrous. The possible side effects are mammary development and increase in the vulva pigmentation. They are not frequent and disappear when treatment is discontinued but they can become important because of the anguish generated to the family. Furthermore, after quitting treatment and although this has been efficient, adhesions can disappear and this may mean new treatment cycles or other more aggressive treatments as manual or surgical separation. Another tested treatment is the use of corticoid cream, as it is done with phimosis in boys. However, there are still no conclusions about its efficiency since studies are limited.

Because of all these reasons, it is not possible to determine a clear indication about treatment with estrogen cream in girls with lip adhesions without symptoms. It seems clear that, in these cases, the best attitude is wait and see because:

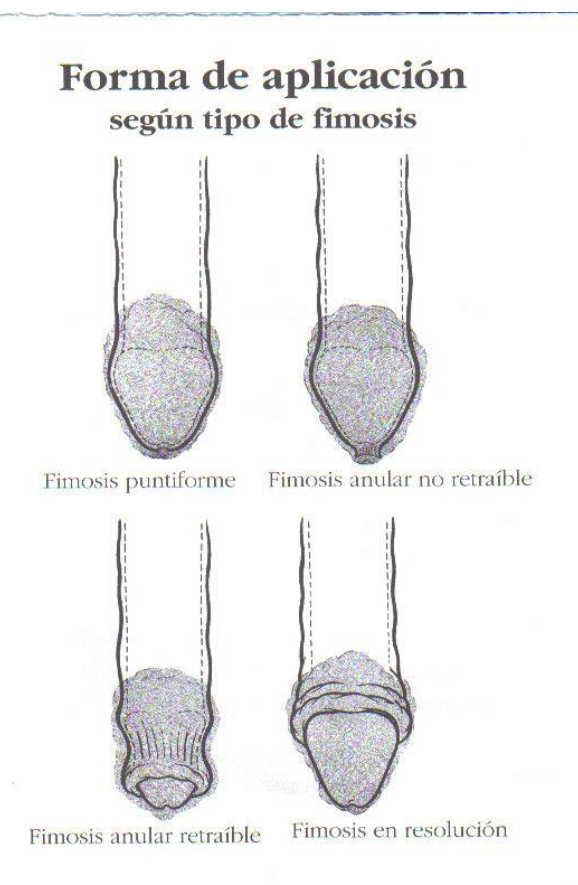
- adhesions can appear again after this treatment,
- not treating girls without symptoms does not mean a higher risk of latter symptoms,
- and adhesions can disappear spontaneously.

It is really important that the paediatrician makes a suitable clinical follow-up and inform parents about the symptoms to watch. To sum up, medical treatment with estrogen cream or movements of manual or surgical separation must be done only in serious cases or if there are important symptoms.

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Figure 1: Phimosis treatment with topical corticoids



Rub the cream in the distal part of the penis twice a day (in the morning and before going to bed). The cream must cover the skin and the glans which is uncovered, as it is shown in the figure.

- On the fifth day, start with gentle retractions of the prepuce, which will be progressive (they must not be painful).
- After the retractions, put the skin in its original position.
- After getting full retraction, continue rubbing cream the time indicated by the paediatrician.
- When treatment is finished, it is very important to continue with distal retractions of the prepuce daily (when having a shower or having a bath) and a good hygiene in that area.