



## Mini Review

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# Revisiting Phimosis Management in Adults: A Short Review



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## Abstract

Phimosis, the inability to retract the foreskin over the glans penis, remains a common condition among adult males. While frequently encountered in childhood, adult phimosis presents distinct challenges in diagnosis and management. This short communication reviews current scientific evidence, debates over circumcision versus conservative therapies, and offers a critical perspective on evolving treatment paradigms.

**Keywords:** Phimosis; Pathological; Corticosteroids; Diabetes mellitus; Diagnosis

## Introduction

Phimosis in adults, unlike physiological phimosis in children, is often pathological and secondary to chronic inflammation, poor hygiene, or underlying conditions such as diabetes mellitus. The condition may lead to complications like balanoposthitis, painful intercourse, urinary obstruction, and increased risk of malignancy. Traditionally, circumcision has been the definitive treatment, yet modern evidence suggests a wider therapeutic landscape.

## Current Treatment Modalities

Circumcision remains the gold standard, particularly in cases of recurrent infections or severe scarring. However, several studies highlight the efficacy of topical corticosteroids (e.g., betamethasone 0.05%) applied twice daily for 4-6 weeks, with reported success rates exceeding 70-80%. These conservative approaches are appealing due to lower cost, preservation of the foreskin, and minimal invasiveness.

## Evidence and Opinions

Recent meta-analyses affirm the role of steroid therapy in early-stage phimosis, especially among compliant adult patients. Moreover, preputioplasty and dorsal slit procedures are gaining traction as alternatives that offer both functional and aesthetic benefits. Despite these options, the surgical preference remains

dominant in many urological practices, often driven by training, patient preference, or healthcare setting. The risk-benefit ratio must be individualized.

Clinicians must balance efficacy, recurrence risk, and patient autonomy. Education about non-surgical treatments and better access to urologic care can reduce unnecessary circumcisions. Informed shared decision-making is crucial in modern practice [1-5].

## Conclusion

Adult phimosis deserves nuanced management based on cause, severity, and patient factors. A tailored approach incorporating conservative therapies alongside surgical options ensures optimal patient care. Revisiting treatment algorithms with current evidence can help redefine urologic standards for this common condition.

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