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PICTURE OF THE MONTH

Yellow Fibrous Cord-Like Penile Discharge in a Preterm Neonate — Fungal Balanoposthitis

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A 1785 g male neonate was born at 31 wk gestation, to an inadequately treated syphilitic mother. The neonate was diagnosed with congenital neurosyphilis. Injection benzathine penicillin G stat dose along with injection ceftriaxone was started through peripherally inserted central catheter. At DOL 24 he developed thick yellowish cord-like gelatinous odourless discharge from the penis, measuring 9 mm×4 mm (Fig. 1). Physiological phimosis was present, with no signs of inflammation and urinary retention. No perianal rashes were noted. Oral thrush was present. Histopathological examination of discharge and suprapubic urine KOH mount revealed budding yeast cells with pseudohyphae. Local clotrimazole cream and injection fluconazole was started. Local hygiene was maintained. The discharge culture grew *Candida albicans* sensitive to fluconazole. Urine and blood culture were sterile. Ultrasound brain, abdomen and pelvis were normal. Fluconazole was stopped after 3 wk due to no associated systemic fungemia. Diagnosis of candida balanoposthitis was entertained.

Balanoposthitis is an inflammation of the glans and prepuce. Infection, irritation or trauma are the possible reasons [1]. Risk factors for fungal infection include prematurity, prolonged broad-spectrum antibiotics, parenteral nutrition, and central venous catheter – all of which were present in the index case [2]. The high susceptibility for fungal infection in the index case, possibly led to infection in the retained smegma due to physiological phimosis [3]. The infant was thriving well, developmentally normal, with no recurrence of the condition at 3 mo follow-up.

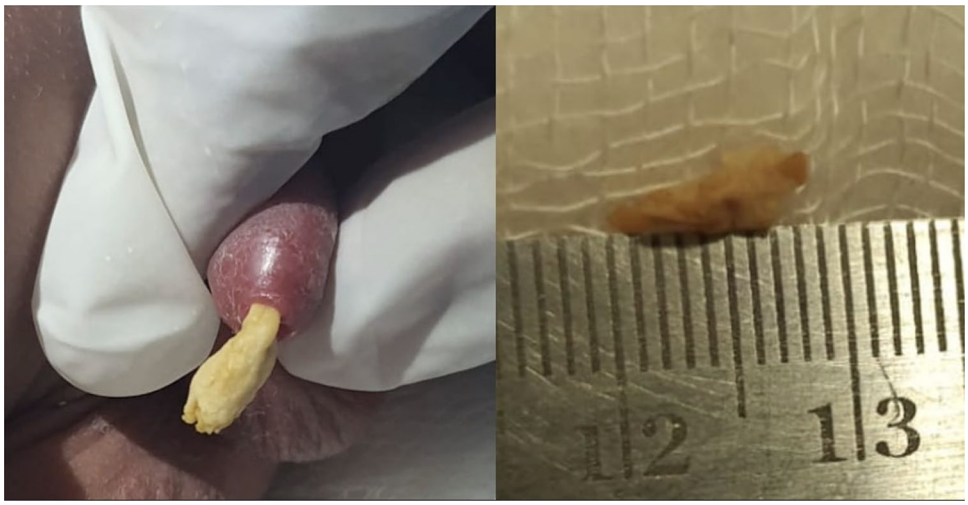

Fig. 1 Yellow thick cord-like secretions from the penis, measuring 9 mm×4 mm

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Declarations

Conflict of Interest None.

References

1. Edwards SK, Bunker CB, van der Snoek EM, van der Meijden WI. 2022 European guideline for the management of balanoposthitis. J Eur Acad Dermatol Venereol. 2023;37:1104–17.
2. Bao L, Du K, Gao J, et al. An analysis of the risk factors for invasive fungal infections in preterm infants and a discussion of prevention strategies. Technol Health Care. 2024;32:361–7.
3. Baral K, Poudel S. Smegma pearl: a benign penile lesion in infants. Clin Case Rep. 2023;11:e7613.