

Pathway for acute penile soreness – primary care, MIU, ED

Patient presents with acute penile soreness or ulceration

History and examination
Urinalysis for glucose

Penile sores

Penile erythema without sores

? genital herpes
? other cause

? Candida
? genital dermatosis

Working hours

Weekend or out of hours

Contact sexual health adviser*

Take a viral swab for HSV PCR
Immediate transport not required – can be stored in fridge for a week

Rx: Canesten HC if very inflamed (*can affect condoms*)
Emollients, avoid irritants

Advise see GP in a week if symptoms persist, or earlier if they worsen

The patient will be seen urgently

Rx: aciclovir 400mg tds x 5 days
(will not affect the PCR result)
Rx: lidocaine gel
(apply immediately if available)

Advise salt baths, analgesia
Advise that this could be a cold sore but we need to wait for the swab result

Refer to sexual health clinic* if:
• No response to Rx
• Doubt about diagnosis

Admit if:

- Severe ulceration
- Systemic symptoms
- Retention of urine
- Diabetic (risk of DKA)

Refer to sexual health clinic*:
• Next working day if PCR swab was not taken
• 5 days if PCR swab was taken

* Sexual Health Dorset ☎ 0300 303 1948

[2014 UK national guideline for the management of anogenital herpes](#)

[2013 RCP / BASHH guidelines on the management of STIs in primary care](#)