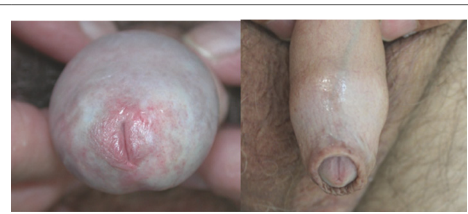
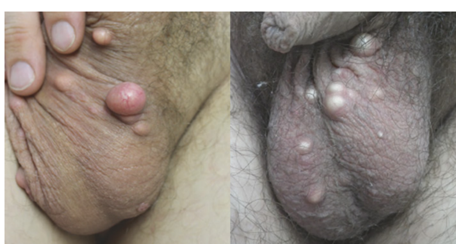
Table 2. White penile dermatoses

Condition	Examples[A]	Aetiology	Clinical features	Treatment
2.1 Lichen sclerosus		• Likely autoimmune in origin (but not associated with other conditions)	• Asymptomatic • Patchy pallor of foreskin/glans • Usually in uncircumcised males • Itching • +/− phimosis, skin atrophy • +/− purpura/telangiectasia, erythema	• 4- to 6-week trial of moderate potency corticosteroid • Referral to specialist • Needs monitoring for malignant change
2.2 Phimosis (pathological)		• Lichen sclerosis • Trauma/injury	• Symptomatic non-retractile foreskin beyond puberty • Waisting on retraction • Spraying urinary stream • Painful erections/sex	• Primary: 4- to 12-week course of moderate potency topical corticosteroids • Secondary: circumcision can be considered
2.3 Epidermal cysts • Idiopathic scrotal calcinosis		• Cysts arise from pilosebaceous follicles and calcinosis is dystrophic calcification of these cysts	• Asymptomatic firm lesions varying in size and colour that are mobile over deeper structures	• Reassurance • Might be surgically excised for cosmetic reasons

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