Objectives

- Describe the normal anatomy and physiology of the male reproductive tract.
- Utilize techniques for focused history taking with the male client.
- Describe the steps in a routine male genital exam.
- Recognize abnormal findings during the male genitourinary exam.
- Demonstrate advanced skill in the physical exam of the male client in the reproductive health setting.
- Discuss emotional aspects of conducting male exam.

Disclosure

Thad Wilson, PhD, APRN

- “I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.”

Obie Austin, MSN, ANP-BC

- Nothing to disclose

Non-infectious

Phimosis
Paraphimosis

Hypospadias

Smegma

Pearly Penile Papules

Balanitis

- Signs and symptoms
  - Lichen planus - small, itchy, pink or purple spots.
  - Eczema - itchy, reddened, cracked and dry.
  - Dermatitis - contact with an irritant, or an allergic reaction.
  - Psoriasis - a dry, scaly skin
Infestations

Pediculosis Pubis

Signs and symptoms
- Erythema and edema of glans penis or foreskin
- Inability to visualize glans penis or urethral meatus
- Discharge
- Ulceration and/or plaques
- Phimosis
- Meatal stenosis

Common with diabetes & uncircumcised men

Infections

Balanitis

- Signs and symptoms
  - Erythema and edema of glans penis or foreskin
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Scabies

Candidiasis related Balanitis
Incubation period  
2-8d  7-14d

Onset  
Abrupt  Gradual

Dysuria  
Severe  Mild

Asymptomatic  
1-3%  >10%

Discharge  
Quality  Purulent  Mucoid

Quantity  More  Less

Chlamydia Trachomatis

Cystitis & Pylonephritis

• Gram negative bacilli are responsible for 90-95% of Community acquired with E-coli serotypes causing 85% of those UTI's. Gram-positive bacteria, mainly enterococci and coagulase-negative staph, cause most of the rest

• S/S  
  – Dysuria, Urinary Frequency and Urgency are hallmark signs. Suprapubic pain on examination  
  – Fever Flank pain with Acute Pylonephritis

Gonococcal

Cystitis & Pylonephritis

• Presence of a UTI in men has been assumed to warrant investigation for a structural abnormality of the GU tract  
• Need for a diagnostic workup in men with a first UTI has not been studied  
• Repeated infections or failure to respond to treatment requires further investigation
**LESIONS**

**Syphilis- Treponema pallidum**
- Primary
  - Incubation 10-90 days (avg 21)
  - Chancres, regional Lymphadenopathy
  - Duration 2-6 weeks w/o tx
  - Dark Field positive
- Secondary
  - 6 weeks – 6 months post infection
  - Rash, patchy alopecia, condylomata lata
  - Duration 2-6 weeks w/o tx
  - Dark Field positive

**Genital Warts**
- HPV- *condylomata acuminata*
  - Over 70 subtypes
  - Incubation months to years

**Herpes Simplex Virus**
- Reoccurring Grouped vesicular lesions on erythemic base, painful
- *Viral Culture*
  - Serological testing; HSV 1&2 IGG AB
**Molluscum Contagiosum**

- Pox virus
  - Umbilicated skin to white in color 1-4mm papules
  - Deroof the lesion

**Epididymitis: Background**

- Sexually active young males
- STD if no GU anomalies

**Etiology**

- Sexually transmitted
  - Chlamydia 70% (mean days exposure to presentation = 10)
  - Gonorrhea 30%
  - GC/CT
  - E. coli
- Non-sexually transmitted
  - Pseudomonas, E. coli
  - vs. Orchitis due to Mumps, EBV, Echovirus, Coxackie, Adenovirus

**MASSES**

**Scrotal Mass**

- History
  - Duration
  - Change in size
  - Pain: most often inflammation
  - Previous operative procedures
  - Presence or absence of dysuria
Testicular Cancer – Risk Factors

- Undescended testical
- Abnormal development of the testicles.
- Having a personal or family history of testicular cancer.
- Having Klinefelter syndrome (extra X chromosome)
- Being white

Testicular Neoplasms

- Most common solid tumor in males 15-35 years of age
- Usually mass is within the substance of testis
- Begin testing at age 15 yrs
- Masses usually are smooth or nodular, rock hard, and painless; they do not transilluminate; they often enlarge rapidly

Hydrocele

- Most common benign scrotal mass
- Varying size
- Located ventral, superior, and anterior to the testicle
- Nontender and transilluminates easily
- May be congenital or acquired
- 10% of testicular tumors are associated with a hydrocele

Inguinal Hernia

- Intestine bulges through processus vaginalis and into the inguinal canal
- Risk of strangulation

Spermatocele

- Cystic mass containing sperm that arises as a small diverticulum from the head of the epididymis
- Observation or surgery, depending on size, fertility concerns and whether cystic or solid
Varicocele

- Common (10-15% of the normal male population)
- Mass represents a dilated pampiniform plexus of the spermatic cord
- Usually asymptomatic, but may reach a large size, resulting in a “dragging” or heavy sensation in the scrotum
- Sometimes referred to as a “bag of worms”

Testicular Torsion

- Typical Clinical Presentation
  - Sudden onset
  - Pain radiating to groin & lower abdomen; N/V
  - Absence of fever, urethral DC, or dysuria
- Physical Exam
  - Cremasteric reflex absent

Testicular Torsion – cont’d

- Typical Clinical Presentation
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Prostate Masses

- Routine testing with PSA and DRE not recommended by USPSTF or American Cancer Society
- 80% of prostate cancer are in men >65 yrs
- Can begin DRE at age 50 yrs; combine with PSA
**Acute Prostatitis**

- Irritative symptoms
  - Dysuria, frequency, urgency, and nocturia
- Obstructive symptoms
  - Hesitancy, straining, decreased force and caliber of the urinary stream, a sense of incomplete emptying, and stream interruption

**Exam**

- Gentle DRE confirms diagnosis – extremely tender
- Prostate feels enlarged and edematous and is very tender, may be warm
- Never perform digital massage to obtain fluid for analysis in this situation; bacteremia or septicemia may result

**References**

- Centers for Disease Control and Prevention. *Sexually transmitted diseases.*