**balanitis**  
(bal-ah-NYE-tis)  
**balan/o** = glans penis  
**-itis** = inflammation  

Inflammation of the glans penis and the mucous membrane beneath it.

**Balanitis** is caused by irritation and invasion of microorganisms. Treatment with antibiotics will help control the localized infection. Good hygiene and thorough drying of the penis when bathing are important preventive measures.

**benign prostatic hypertrophy**  
(bee-NINE pross-TAT-ik high-PER-troh-fee)  
**prostat/o** = prostate gland  
**-ic** = pertaining to  
**hyper-** = excessive  
**troph/o** = development, growth  
**-y** = noun ending  

A benign (noncancerous) enlargement of the prostate gland, creating pressure on the upper part of the urethra or neck of the bladder (causing obstruction of the flow of urine).

**Benign prostatic hypertrophy** is a common condition occurring in men over the age of 50. Men with hypertrophy of the prostate gland may complain of symptoms such as difficulty in starting urination, a weak stream of urine (not being able to maintain a constant stream), the inability to empty the bladder completely, or “dribbling” at the end of voiding.

**carcinoma of the prostate**  
(car-sin-OH-mah of the PROSS-tayt)  
**carcin/o** = cancer  
**-oma** = tumor  

Malignant growth within the prostate gland, creating pressure on the upper part of the urethra.

Cancer of the prostate is the most common cause of cancer among men, and the most common cause of death due to cancer in men over the age of 55. Unfortunately, symptoms are not usually present in the early stages of cancer of the prostate. By the time symptoms are evident, the cancer may have already metastasized (spread) to other areas of the body. When symptoms of prostate cancer do occur, they may include any of the following:

1. A need to urinate frequently (i.e., urinary frequency), especially at night
2. Difficulty starting or stopping urine flow
3. Inability to urinate
4. Weak or interrupted flow of urine when urinating (patient may complain of “dribbling” instead of having a steady stream of urine)
5. Pain or burning when urinating
6. Pain or stiffness in the lower back, hips, or thighs
7. Painful ejaculation
A malignant tumor of the testicle that appears as a painless lump in the testicle; also called testicular cancer.

This type of tumor is rare and usually occurs in men under the age of 40. The cause is unknown.

Testicular cancer can spread throughout the body via the lymphatic system if not treated in the early stages. Early treatment is essential for complete recovery. Therefore, it is recommended that all men perform monthly testicular self-examinations (TSE). If a lump is discovered, it should be reported immediately to the man’s personal physician.

carcinoma of the testes
(car-sin-OM-mah of the TESS-teez)
carcin/o = cancer
-oma = tumor

Cryptorchidism
(kript-OR-kid-izm)
crypto = hidden
orchid/o = testicle
-ism = condition

Condition of undescended testicle(s); the absence of one or both testicles from the scrotum.

In cryptorchidism, the testicle may be located in the abdominal cavity or in the inguinal canal. If the testicle does not descend on its own, surgery will be necessary to correct the position. The surgery (known as an orchiopexy) involves making an incision into the inguinal canal, locating the testicle, and bringing it back down into the scrotal sac. This surgery is usually done on an outpatient basis, with normal physical activity being restored within a few weeks to a month.

Epispadias
(ep-ih-SPAY-dee-as)
epi- = upon, over

A congenital defect (birth defect) in which the urethra opens on the upper side of the penis at some point near the glans.

The treatment for epispadias is surgical correction with redirection of the opening of the urethra to its normal position at the end of the penis.

Hypospadias
(high-poh-SPAY-dee-as)
hypo- = under, below

A congenital defect in which the urethra opens on the underside of the penis instead of at the end.

Treatment for hypospadias involves surgery to redirect the opening of the urethra to its normal location at the end of the penis.
impotence
(IM-poh-tens)

The inability of a male to achieve or sustain an erection of the penis.

The cause of impotence may be psychological (due to anxiety or depression) or physiological (due to some physical disorder such as diabetes, spinal cord injury, or a response to medications). Individuals who are experiencing impotence may be sexually aroused but with an inability to sustain an erection, or they may lose their sexual appetite.

inguinal hernia
(ING-gwih-nal HER-nee-ah)

A protrusion of a part of the intestine through a weakened spot in the muscles and membranes of the inguinal region of the abdomen. The intestine pushes into, and sometimes fills, the entire scrotal sac in the male.

The patient may notice a bulge in the inguinal area, particularly when standing. He may also experience a sharp, steady pain in the groin area.

Conservative treatment of an inguinal hernia may involve nonsurgical intervention. If the patient is able to press the hernia back into the abdomen, it may be treated with a type of support (called a truss) until the muscle wall strengthens again. If the bulge cannot be gently pressed back into the abdomen, there is a possibility of the herniated intestine being trapped (strangulated). In this case, surgery will be necessary to return the herniated intestine to its normal environment and to correct the weakened muscle wall. The surgery for a hernia repair is called a herniorrhaphy.

orchitis
(or-KIGH-tis)

Inflammation of the testes due to a virus, bacterial infection, or injury. The condition may affect one or both testes. Orchitis typically results from the mumps virus.

If the inflammation is severe enough it can result in atrophy (wasting away) of the affected testicle. If severe inflammation involves both testicles, sterility results.

The patient may experience swelling, tenderness, and acute pain in the area. He may also experience fever, chills, nausea and vomiting, and a general feeling of discomfort (malaise).

phimosis
(fih-MOH-sis)

A tightness of the foreskin (prepuce) of the penis that prevents it from being pulled back. The opening of the foreskin narrows due to the tightness and may cause some difficulty with urination.

premature ejaculation
(premature ee-jak-you-LAY-shun)

The discharge of seminal fluid prior to complete erection of the penis or immediately after the penis has been introduced into the vaginal canal.
**Inflammation of the prostate gland.**

**Prostatitis** may be acute (sudden flare-up) or chronic (recurring flare-ups), and may be due to bacterial invasion. The patient with prostatitis will usually complain of low back pain, fullness or pain in the perineal area, urinary frequency, and discharge from the urethra. An examination of the prostate gland, by **palpation**, will reveal an enlarged and tender prostate gland.

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**carcinoma of the breast**

A malignant (cancerous) tumor of the breast tissue. The most common type (ductal carcinoma) originates in the mammary ducts. This tumor has the ability to invade surrounding tissue if not detected early enough. Once the cancer cells penetrate the duct, they will metastasize (spread) through the surrounding breast tissue—eventually reaching the axillary lymph nodes. Through the lymph vessels, the cancer cells can spread to distant parts of the body.

Cancer of the breast is the second most common malignancy in women in the United States today. It is estimated that one in eight women in the United States will develop breast cancer during their lifetime, based on a 100-year life expectancy. Most breast lumps are discovered by the woman and are felt as a movable mass, generally in the upper outer quadrant of the breast. In some cases, the woman's husband or sexual partner will feel the lump in the breast first. Many women, however, fail to follow through with seeking medical attention when they discover a lump in their breast. Any lump, no matter how small, should be reported to a physician immediately!

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**cervical carcinoma**

A malignant tumor of the cervix. Cervical cancer is one of the most common malignancies of the female reproductive tract. Symptoms include an abnormal Pap smear and bleeding between menstrual periods, after sexual intercourse, or after menopause.

Cervical cancer appears to be most frequent in women aged 30 to 50. Factors that increase the risk of developing cervical cancer at a later age include the following:

1. First sexual intercourse before the age of 20
2. Having many sex partners
3. Having certain sexually transmitted diseases
4. History of smoking

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**cervicitis**

An acute or chronic inflammation of the uterine cervix.

Symptoms may include a thick, foul-smelling vaginal discharge, pelvic pressure or pain, scant bleeding after sexual intercourse, and itching or burning of the external genitalia. Upon examination, the cervix will appear red and swollen. Bleeding may occur on contact.

Cervicitis can also cause cervical erosion. Upon visual examination of the cervix, the cervical mucosa appears “raw” (ulcerated), with red patches on the mucosa. This abrasion, or ulceration, of the cervix is caused by
**Cystocele**

*SYSToh-seel*

**cyst/o** = bladder, sac, or cyst

**-cele** = swelling or herniation

Herniation or downward protrusion of the urinary bladder through the wall of the vagina.

This condition develops over a period of years as a result of weakening of the anterior wall of the vagina, often after the woman has given birth to several babies. The weakened anterior wall of the vagina can no longer support the weight of the urine in the bladder, and thus the bladder protrudes downward into the vagina. Complete emptying of the bladder becomes a problem because the **cystocele** sags below the neck of the bladder when it protrudes into the vagina. Cystitis may also become a problem as a result of the incomplete emptying of the bladder.

**Endometrial carcinoma**

*(en-doh-MEE-tree-al car-sin-OH-ma)*

**endo-** = within

**metri/o** = uterus

**-al** = pertaining to

**carcin/o** = cancer

**-oma** = tumor

Malignant tumor of the inner lining of the uterus; also known as adenocarcinoma of the uterus.

This is the most common cancer of the female reproductive tract, occurring in women during or after menopause (peak incidence between the ages of 50 and 60).

The classic symptom of **endometrial** cancer is abnormal uterine bleeding. This includes any postmenopausal bleeding or recurrent metrorrhagia in the premenopausal patient. An abnormal discharge (mucoid or watery discharge) may precede the bleeding by weeks or months.

**Endometriosis**

*(en-doh-mee-tree-OH-sis)*

**endo-** = within

**metri/o** = uterus

**-osis** = condition

The presence and growth of endometrial tissue in areas outside the endometrium (lining of the uterus).

The ectopic (out of place) endometrial tissue is generally found within the abdominal cavity. It may be found in the wall of the uterus or on its surface, in the peritoneum of the pelvis, on the small intestine, and in or on the fallopian tubes and ovaries.

Symptoms of **endometriosis** include dysmenorrhea with constant pain and discomfort in the lower abdomen, back, and vagina. The pain may begin before menstruation and continue for several days after the end of menstruation. The woman with endometriosis may also experience heavy menstrual periods, and pelvic pain during sexual intercourse. The pain and discomfort are due to the buildup of scar tissue and adhesions resulting from the endometrial tissue thickening and bleeding in unnatural places.
A benign, fibrous tumor of the uterus.

This is one of the most common types of benign tumors of the female reproductive system. **Fibroid** tumors vary in number, size, and location within the uterus—occurring only in premenopausal women.

Symptoms range from none to pelvic pain and pressure accompanied by menorrhagia or metrorrhagia. Patient history and ultrasonography are used to confirm the diagnosis. Treatment ranges from surgery to remove the tumors to a hysterectomy, depending on the severity of the symptoms.

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**ovarian carcinoma**

A malignant tumor of the ovaries, most commonly occurring in women in their 50s. It is rarely detected in the early stage and is usually far advanced when diagnosed.

Symptoms usually do not appear with **ovarian** cancer until the disease is well advanced. The earliest symptoms of ovarian cancer are swelling, bloating, or discomfort in the lower abdomen, and mild digestive complaints (loss of appetite, feeling of fullness, indigestion, nausea, and weight loss). As the tumor increases in size it may create pressure on adjacent organs, such as the urinary bladder or the rectum, causing frequent urination and dysuria or constipation. Later developments in the course of the disease include an accumulation of fluid within the abdominal cavity (ascites), resulting in swelling and discomfort.

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**ovarian cysts**

Benign, globular sacs (cysts) that form on or near the ovaries. These cysts may be fluid filled or they may contain semisolid material.

An **ovarian cyst** may develop from an unruptured graafian follicle (follicular cyst), or it may develop when the corpus luteum fails to regress, becoming cystic (lutein cyst). Symptoms vary but may include the following: painless swelling in the lower abdomen that feels firm to touch, pain during sexual intercourse, pelvic pain, low back pain, and an acute colicky abdominal pain.

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**pelvic inflammatory disease (PID)**

Infection of the fallopian tubes; also known as **salpingitis**.

PID occurs predominantly in women under the age of 35 who are sexually active. Pelvic inflammatory disease begins with a cervical infection that spreads by surface invasion along the uterine lining (endometrium) and then out to the fallopian tubes and ovaries.

Symptoms of acute PID include fever, chills, malaise, abdomen tender to touch with sudden release (rebound), backache, and a foul-smelling vaginal discharge. As with any active infection, the white blood cell count will be elevated.
Inflammation of the vagina and the vulva.

This is a common disease that affects women when there is a disturbance in the normal flora or pH of the vagina that allows microorganisms to flourish. The three most common types of *vaginitis* are candidiasis, trichomoniasis, and bacterial vaginosis.

The main symptom is an increased vaginal discharge, which is usually thin, watery, and a grayish white or yellow color. The discharge usually has a strong fishy odor, which may be more noticeable after sexual intercourse. Redness and itching of the vulva are not usually present with bacterial vaginosis. Diagnosis is confirmed by microscopic examination of the vaginal secretions by a saline wet mount preparation.

Termination of a pregnancy before the fetus has reached a viable age; that is, an age at which the fetus could live outside of the uterine environment.

The medical consensus is that a fetus has not reached a viable age if it is under 20 weeks' gestation or under 500 g in weight. The term abortion is a medical term used to denote any type of termination of pregnancy before the age of viability.

Symptoms include vaginal bleeding, rhythmic uterine cramping, continual backache, and a feeling of pressure in the pelvic area. Tissue may be passed through the vagina, depending on the type of abortion.

A spontaneous abortion may be a complete abortion in which all products of conception are expelled, an incomplete abortion in which some but not all products of conception are expelled, or a threatened abortion in which the symptoms of an impending abortion are present (but ultrasound indicates that a live fetus is present).

The premature separation of a normally implanted placenta from the uterine wall, after the pregnancy has passed 20 weeks' gestation or during labor (the birthing process).

Abruptio placenta is a dangerous and potentially life-threatening condition for both the mother and the fetus due to the potential for hemorrhage. When bleeding occurs on the maternal side of the placenta (the side that attaches to the uterine lining), a clot (hematoma) forms in the area. This can lead to the premature separation of the placenta in the area. The severity of the complications from abruptio placenta depend on the amount of bleeding and the size of the clot that forms. The degree of separation may range from partial to complete, with bleeding being concealed or apparent.

A classic symptom of abruptio placenta is uterine tenderness with a boardlike firmness to the abdomen. Additional symptoms include vaginal bleeding accompanied by abdominal or low back pain, or frequent cramplike contractions of the uterus (uterine irritability). If the bleeding is concealed, the patient may display other signs indicative of this—such as *tachycardia*, hypotension, and restlessness.
Abnormal implantation of a fertilized ovum outside the uterine cavity; also called a tubal pregnancy.

Approximately 90% of all ectopic pregnancies occur in the fallopian tubes. Other sites for ectopic implantation are the ovaries and the abdomen. Rarely are abdominal pregnancies carried to full term.

Symptoms include vaginal spotting (usually dark) and sharp abdominal pain (usually described as colicky or cramping).

An abnormal condition that begins as a pregnancy and deviates from normal development very early. The diseased ovum deteriorates (not producing a fetus), and the chorionic villi of the placenta (small vessels protruding from the outer layer) change to a mass of cysts resembling a bunch of grapes.

The growth of this mass progresses much more rapidly than uterine growth with a normal pregnancy. A hydatidiform mole is known as a molar pregnancy; also called a hydatid mole.

Symptoms include, but are not limited to, extreme nausea, uterine bleeding, anemia, an unusually large uterus for the duration of pregnancy (at three months the uterus may be the size expected at five or six months), absence of fetal heart sounds, edema, and hypertension. Diagnosis is confirmed through the use of ultrasonography (no fetal skeleton will be visible) and laboratory findings (the human chronic gonadotropin (HCG) level will be extremely high).

An abnormal condition of pregnancy characterized by severe vomiting that results in maternal dehydration and weight loss.

The nausea and vomiting associated with hyperemesis gravidarum persists beyond the first three months of pregnancy and persists throughout the day to the point that eventually nothing can be retained by mouth. The exact cause of this condition is unknown, but the incidence seems to be greater in younger mothers, first-time mothers, and those with increased body weight. Psychological factors have been considered as being instrumental in the development of hyperemesis gravidarum (such as stress over the pregnancy, ambivalent feelings toward the pregnancy, and conflicting feelings over becoming a mother). Physical factors may include hyperthyroidism, elevated levels of estrogen, a multiple pregnancy, and the presence of a hydatidiform mole.

A condition of pregnancy in which the placenta is implanted in the lower part of the uterus, and precedes the fetus during the birthing process.

The cause (etiology) is unknown. The degree of placenta previa may range from marginal previa—where the placenta barely comes to the edge of the cervical os (opening)—to partial previa (where the placenta partially covers the cervical os), to total previa where the placenta completely covers the cervical os. See Figure 18-11.

The classic symptom of placenta previa is painless bleeding during the third trimester of pregnancy. The bleeding is usually abrupt and bright red, and very frightening to the expectant mother.