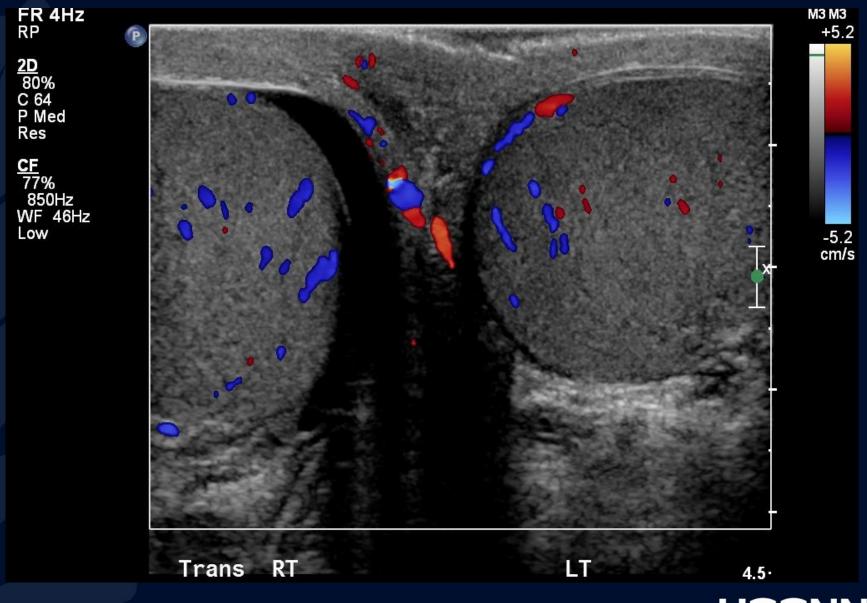
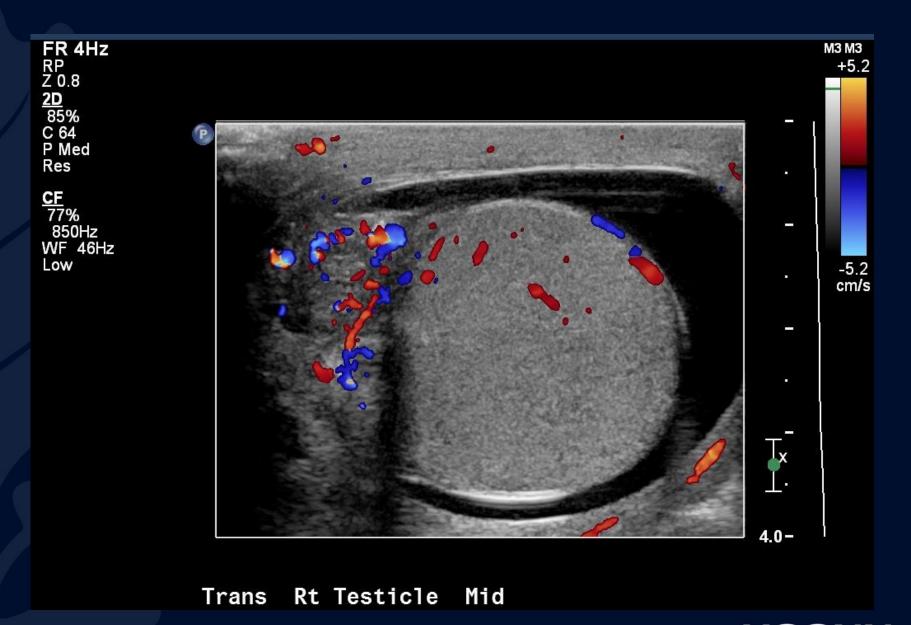
# 36M with right testicular swelling and pain

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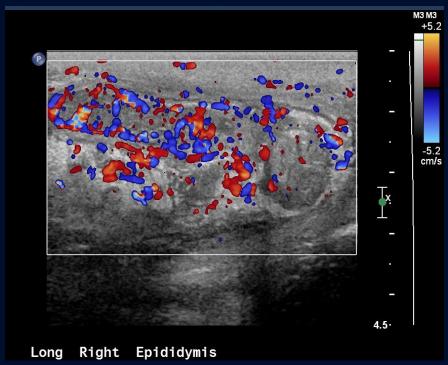
















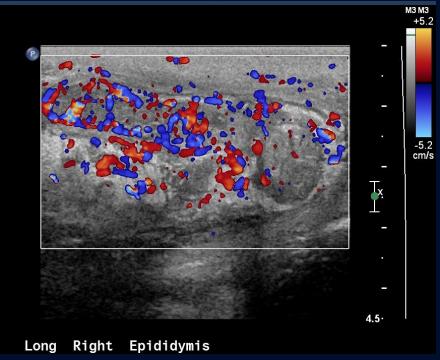


## Epididymitis



### Epididymitis







#### US findings

- Diffuse or focal <u>hyperemia</u> in body and tail of epididymis
- ACUTE: Enlarged, HYPOechoic, heterogeneous due to edema and hemorrhage
- CHRONIC: Enlarged, HYPERechoic
- Starts within tail → body → testis
  - Orchitis is usually secondary, occurring in 20-40% of epididymitis due to contiguous spread of infection
    - Can cause vascular compromise  $\to$  ischemia  $\to$  testicular infarction  $\to$  sonographic features indistinguishable from testicular torsion
    - Primary orchitis usually caused by mumps and usually bilateral.
- Reactive hydrocele containing low-level internal echoes, septa, thickening of tunical layers ± skin edema; all represent changes of periorchitis



### **Epididymitis**

- Most common cause of acute scrotal pain in adolescent boys and adults (15-35 years)
  - Neisseria gonorrhoeae and Chlamydia trachomatis
  - Bacterial seeding occurs directly in cases with GU anomaly and presumably hematogenously in cases without demonstrable anomaly
- Clinical presentation: Scrotal swelling, erythema; fever; dysuria.
  - Prehn sign: scrotal pain relieved with elevation of testicles over pubis symphysis.
  - Associated lower urinary tract infection and its symptoms, urethral discharge
- Types: Infectious, traumatic, chemical epididymitis (amiodarone)
- Rx: Abx; surgery if abscess forms despite abx
- Complications:
  - Abscess
  - Testicular infarction
  - Gonadal vein thrombosis
  - Pyocele
  - Late testicular atrophy(21%)
  - Recurrent infection may lead to infertility



#### References

- Statdx
- The Requisites Ultrasound
- http://appliedradiology.com/articles/essentials-ofscrotal-ultrasound-a-review-of-frequentlyencountered-abnormalities

