55-year-old man with left sided scrotal pain

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Transverse Color Doppler
Sagittal Color Doppler View of Left Testicle
Sagittal Color Doppler of the Left Epididymis
Epididymoorchitis

Pathophysiology

- Inflammation of both epididymis and testis (ipsilateral)
- Often due to UTI that spreads via lymphatic vessels or ductus deferens
  - Most common cause under 35 is GC & CT
  - Also TB, fungal
  - Mumps for isolated orchitis
  - Increased risk with catheter and urethral surgery
- 600,000 visits annually
Epididymoorchitis

• Presentation
  – Acute scrotal pain
  – Fever

• Diagnosis
  – Physical exam w/ Cremasteric reflex
  – Ultrasound w/ Doppler
    • Need to rule out torsion, mass
  – UA, UC, STD
Epididymoorchitis

Treatment

• Quinolones (>35) or 3rd Gen Cephalosporin + Doxy (<35)
  – Both for anal intercourse
• Check prostate
• STD on patient and partner(s)
• Surgery for abscess
Transverse Color Doppler Images of the Testicles Show Symmetrically Increased Blood Flow to the Left Testicle Relative to the Right.
Sagittal color doppler images of the left testicle and epididymis shows increased blood flow within the left testicle and epididymis.
Sagittal Color Doppler of the Left Epididymis
References


Eyre, RC. Evaluation of Acute Scrotal Pain in Adults. UpToDate, 2018.