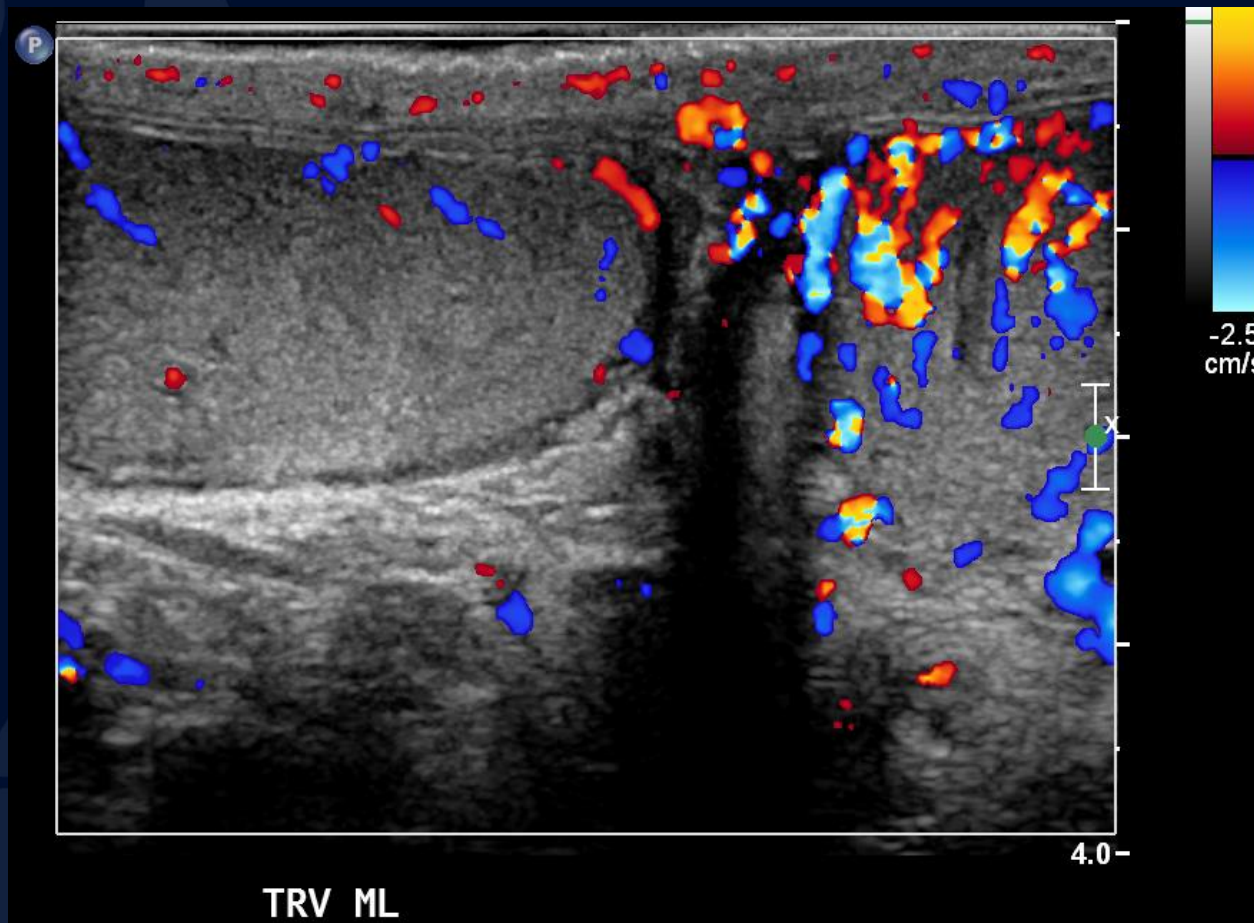


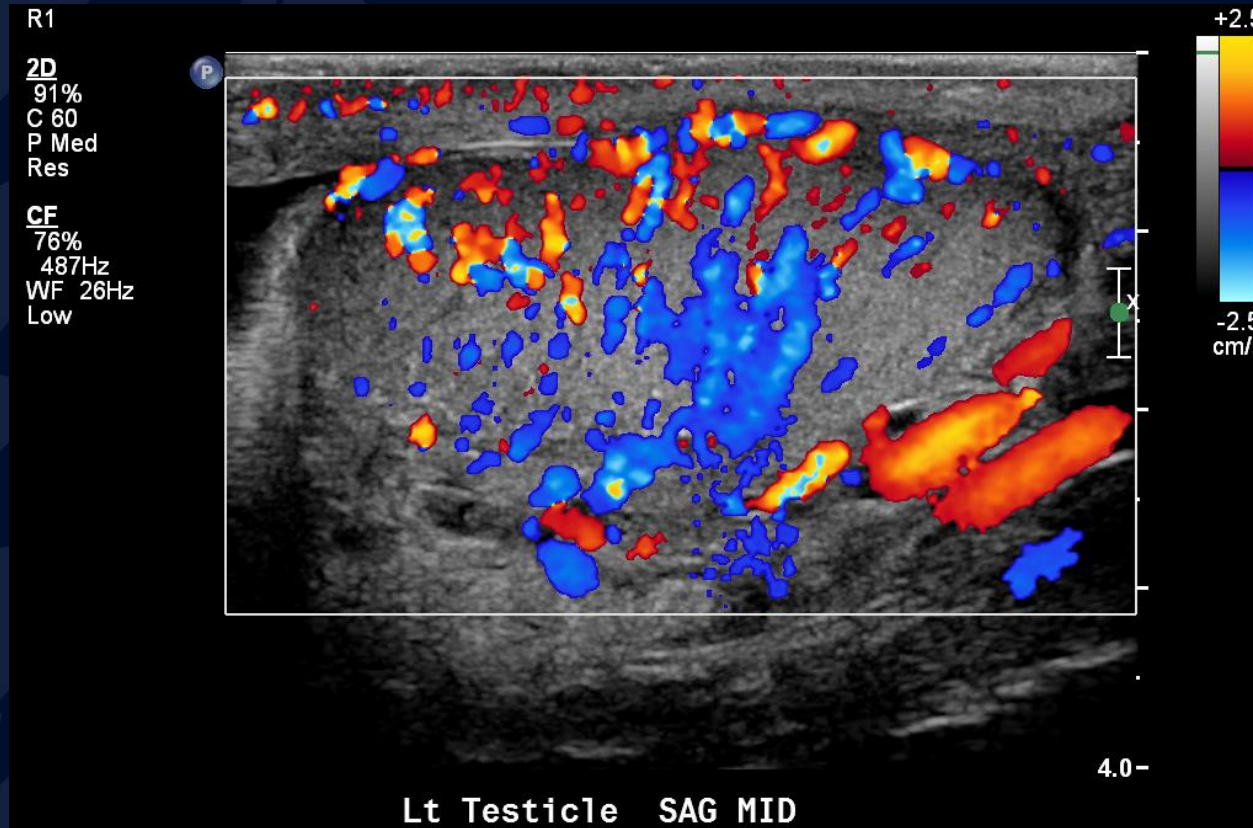
55-year-old man with left sided scrotal pain

Yue Jay Lin, MS4
Edward Gillis, DO

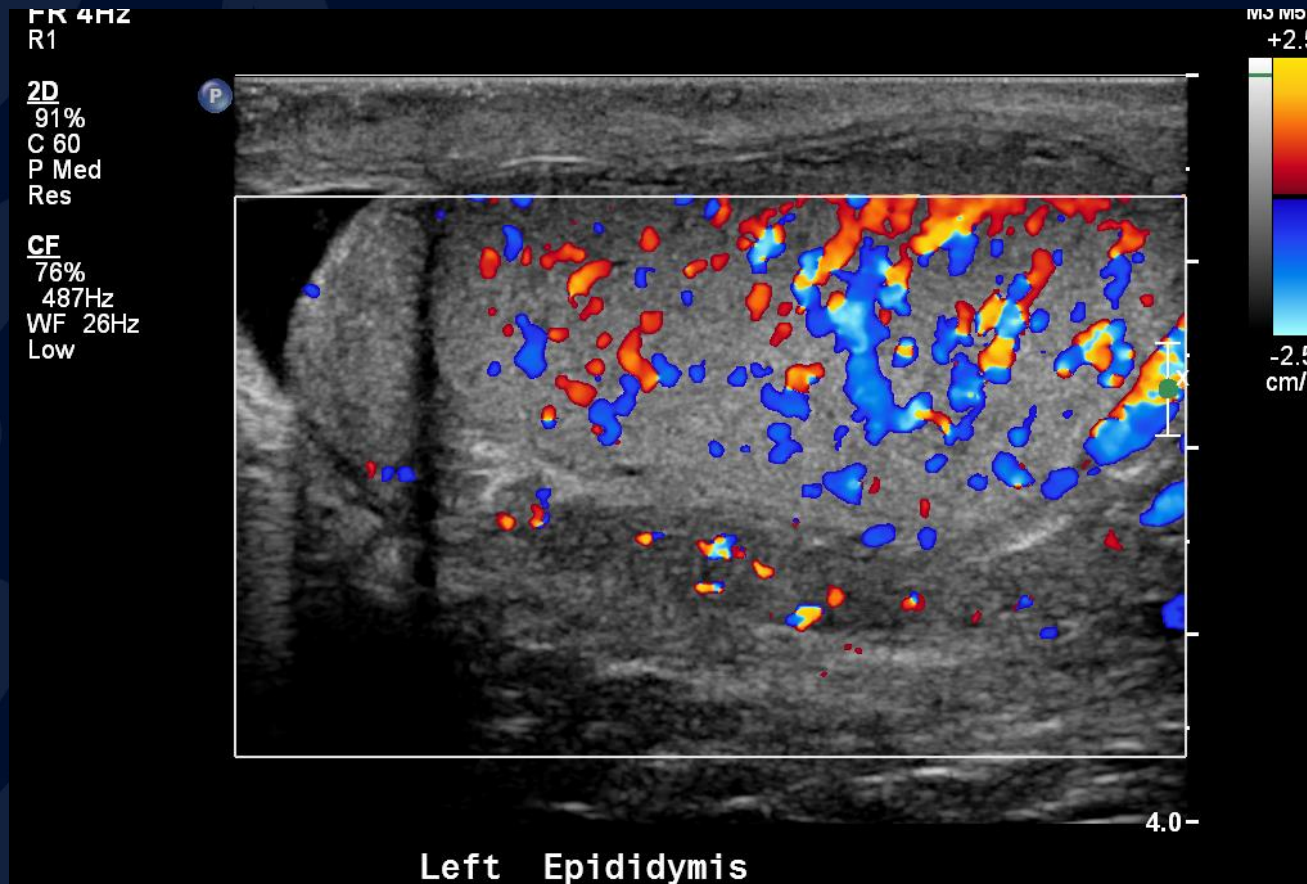
Transverse Color Doppler



Sagittal Color Doppler View of Left Testicle



Sagittal Color Doppler of the Left Epididymis





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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

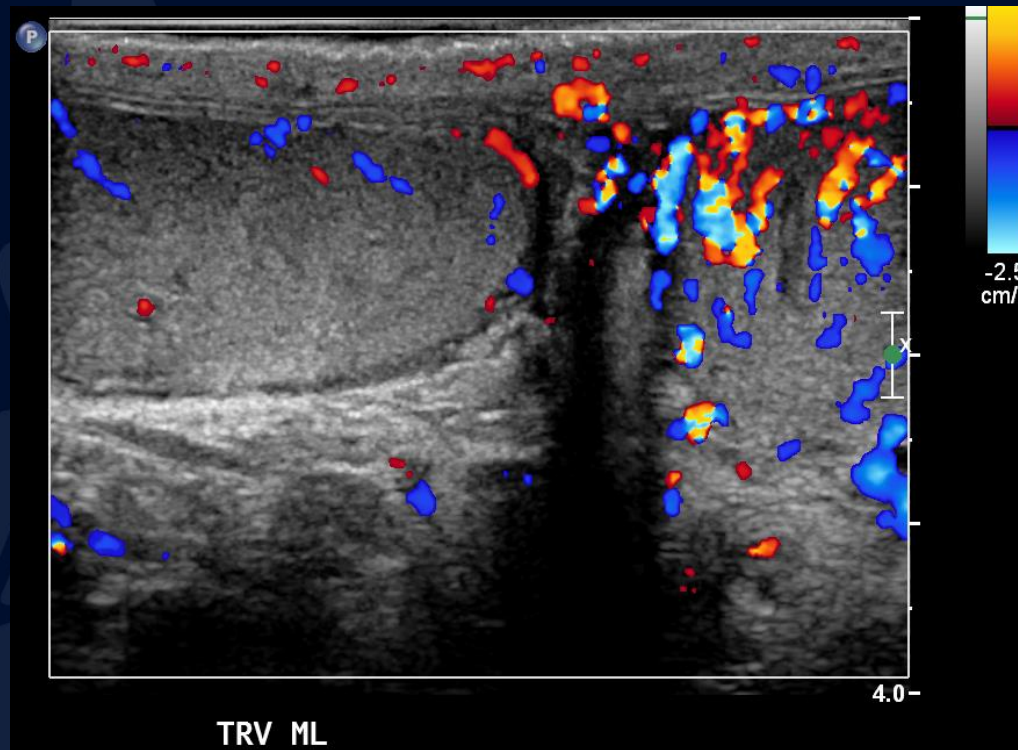
- Presentation
 - Acute scrotal pain
 - Fever
- Diagnosis
 - Physical exam w/ Cremasteric reflex
 - Ultrasound w/ Doppler
 - Need to rule out torsion, mass
 - UA, UC, STD

Epididymoorchitis

Treatment

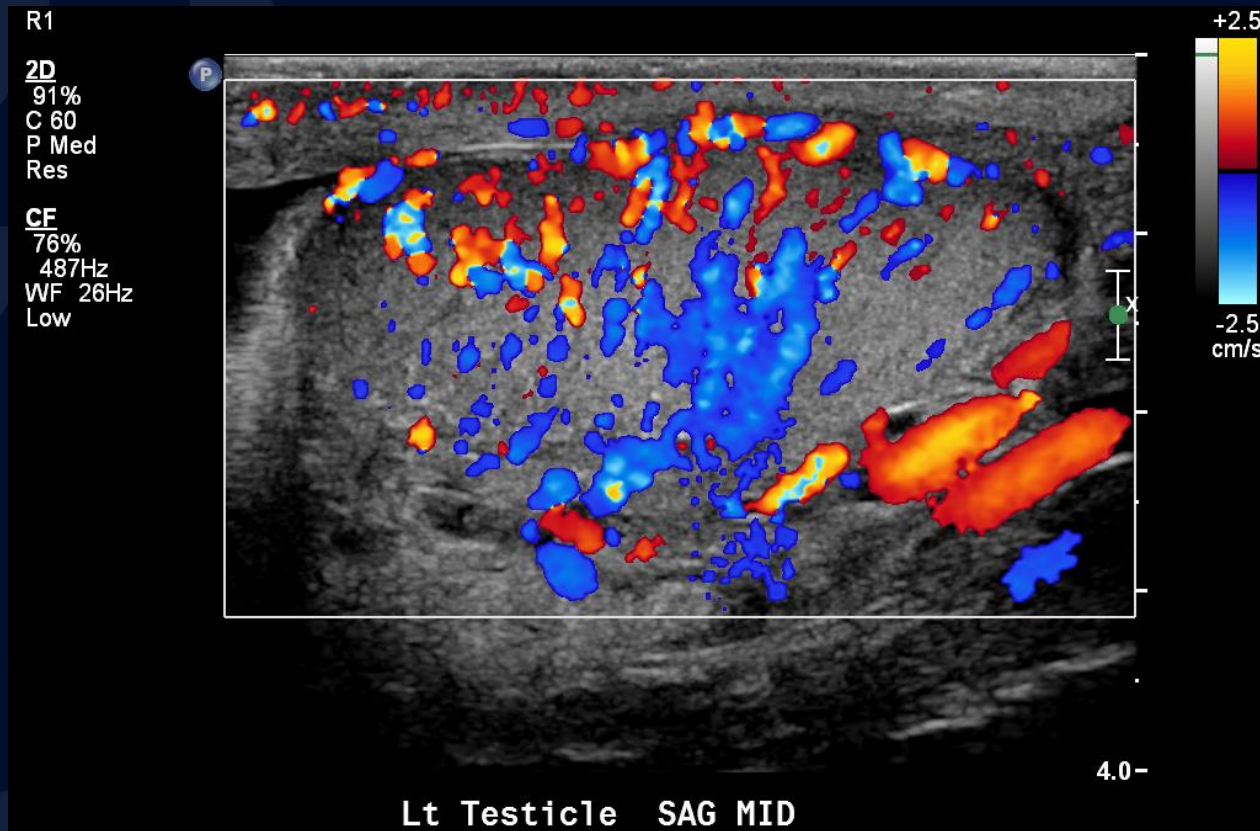
- Quinolones (>35) or 3rd Gen Cephalosporin + Doxy (<35)
 - Both for anal intercourse
- Check prostate
- STD on patient and partner(s)
- Surgery for abscess

Transverse Color Doppler



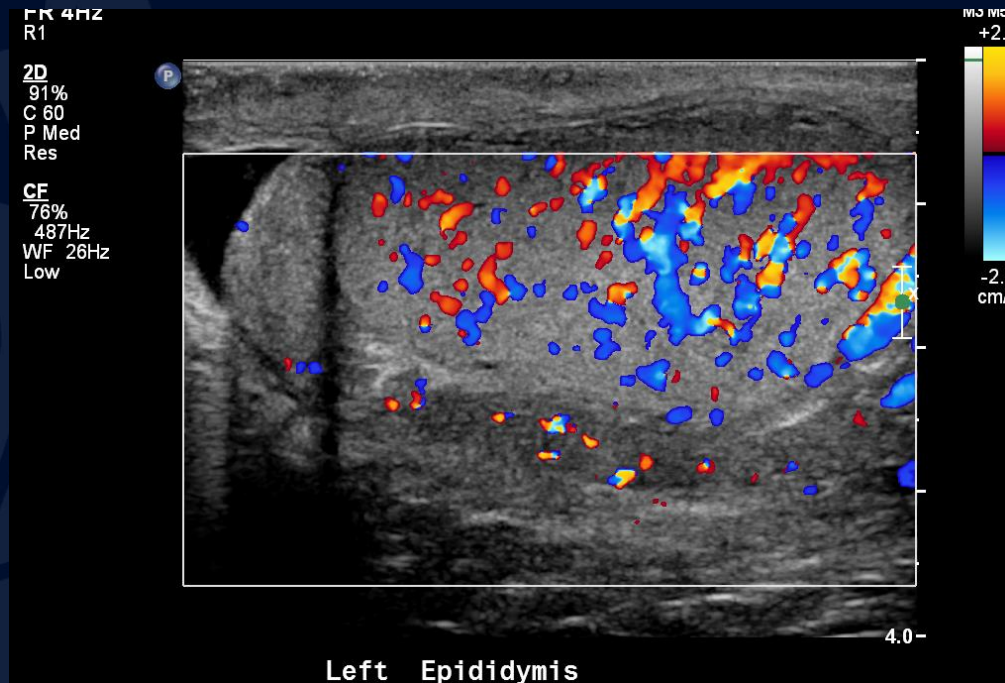
Transverse color doppler images of the testicles shows symmetrically increased blood flow to the left testicle relative to the right.

Sagittal Color Doppler View of Left Testicle



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

Banyra O, Shulyak A. Acute epididymo-orchitis: staging and treatment. Cent European J Urol. 2012;65(3):139-43.

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