

# key points

SELECTED BY

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**Epididymo-orchitis is an inflammation of the testis** and epididymis, generally of infectious origin. In young men epididymo-orchitis is most often associated with sexually transmitted infections (STIs) namely *Chlamydia trachomatis* and *Neisseria gonorrhoeae*. In those aged over 35 the causative pathogens are more likely to be non-sexually transmitted coliform organisms associated with urinary tract infections (UTIs) such as *Escherichia coli* and *Pseudomonas spp.* Other causes include viral infections such as mumps in immunocompromised, non-immunised or prepubescent males, local trauma, and medication such as amiodarone.

**The most important differential diagnosis is torsion** of the testis/spermatic cord. This is a surgical emergency and should be excluded as a priority as testicular salvage is required within 6 hours of onset to conserve the testis. The majority of cases of torsion occur in adolescents. This age group overlaps with the peak incidence of epididymo-orchitis which occurs in the 14-35 years age range.

**A less common differential diagnosis is testicular tumour,** with up to 20% of tumours presenting with pain as the primary symptom. These patients are often mistakenly investigated for epididymo-orchitis, resulting in a delayed diagnosis which leads to further delays in treatment.

**The first step in evaluating a patient with suspected** epididymo-orchitis is to take a thorough history, assessing the risk of STIs as well as the risk of an enteric organism associated with UTIs. It is also important to consider less common causes such as mumps orchitis.

**It is essential to ensure that the patient's privacy** and comfort are maintained during the examination. Examination of the scrotum should be performed both with the patient standing and lying down, looking out for signs of an enlarged and erythematous scrotum, a thickened epididymis and signs of trauma or urethral discharge. Observing the patient's face for signs of tenderness during scrotal examination is important. It is vital to check for a solid mass and to examine the position of any swelling in relation to the testis (testicular, extra-testicular), the size and symmetry of the testes.

**If an STI is the most likely cause, urgent referral to** a local specialist sexual health clinic for STI testing, treatment, and possible contact tracing, is recommended by NICE. Patients should be advised to abstain from sexual contact and follow-up ensured.