EPIDIDYMITIS TABLES OF EVIDENCE

CITATION	STUDY DESIGN	ETIOLOGY	CLINICAL PRESENTATION	COMPLICATIONS	DIAGNOSIS	RECOMMENDED TREATMENT	
Tracy CR, et al. Diagnosis and Management of Epididymitis. Urol Clin N Am. 2008; 35:101-108	Review Article	Infectious **C. trachomatis* **N. gonorrhoeae* **E.coli* and other coliforms **Mycoplasma genitalium and sp.* **U. urealuticum* **M. tuberculosis* **Brucella* **Viral – Enterovirus, Adenovirusm, CMV* Non-Infectious *Sarcoid *Bechet's disease *Amiodarone *Henoch-Schönlein Purpura	*Inflammation of the epididymis presenting as pain and swelling, generally occurring on one side Objective findings may include positive urine culture, fever, erythema of the scrotal skin, leukocytosis, urethritis, hydrocele and involvement of the adjacent testicle	Chronic Epididymitis Pain of at least 3 months duration – May account for up to 80% of men presenting to the urology clinic with scrotal pain	*Urethral Gram's stain with ≥ 5 WBCs/oil immersion field *NAATs *Urinalysis and urine culture for children and men over 35 years old *Testing for other STIs and HIV	General *Bed rest *Scrotal elevation *Analgesics *Non-steroidals Antibiotics Younger than 35 y/o Ceftriaxone 250 mg IM X 1 Doxycycline 100 mg po bid X 10 days Older than 35 y/o Levofloxacin 500 mg q day X 10 days Ofloxacin 300 mg bid X 10 days Cephalosporin Allergy Levofloxacin or ofloxacin Desensitization with fluoroquinolone resistance	

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Trohan, TH, et al. Epididymitis and Orchitis: An Overview. American Family Physician. 2009;71:583-587	Review Article	As Above plus *H. influenzae*	Same As Above *High index of suspicion for torsion *Differential diagnosis with ultrasound findings *Symptoms of lower urinary tract infection – fever, frequency, urgency, dysuria, hematuria *Prehn sign – relief of pain with elevation of the testicle with epididymitis (worse pain upon elevation with torsion)	*Sepsis *Abscess *Infertility *Extension of the infection	Same As Above	Same As Above *Plus the recommendation of Azithromycin 1 gm po in a single dose as substitution for 10 days of Doxycycline when compliance is of concern Supportive care as above Follow-up recommended 3-7 days after initiation of treatment to evaluate for clinical improvement and for the presence of a testicular mass	
Street, E, et al. BASHH UK Guideline for the management of epididymo-orchitis, 2010. International Journal of STD &AIDS. 2011;22:361-365	Guidelines	As Above plus Mumps and Candida	Same as in Tracy review article	*Reactive hydrocele *Abscess or infarction of the testicle *Infertility – poorly understood		Crossover of etiology with age groups – complete sexual history imperative when deciding on therapy *Ceftriaxone 500 mg IM X1and Doxycycline 100 mg bid po for 10-14 days For enterics – Ofloxacin or Ciprofolxacin PCN or tetracycline Allergy - Ofloxacin 200mg bid for 14 days	

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Tracy CR and Costabile RA. The evaluation and treatment of acute Epididymitis in a large university based population: are CDC guidelines being followed? World J Urol. 2009;27:259-263	Retrospective Database Review *University of Virginia Health System Database *Queried for epididdymitis from 1999-2005	Chlam. <18 0/4 (0%) <u>18-35</u> 8/48 (17%) <u>>35</u> 0/21 (0%)	Bacteria <18 1/17 (7%) <u>18-35</u> 4/40 (10%) <u>>35</u> 37/99 (37%)		Results <u>18-35 years old</u> *29% had appropriate work-up *50% were treated appropriately <u>>35 years old</u> *39% had appropriate work-up *85% were treated appropriately			