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*C. trachomatis*  
*N. gonorrhoeae*  
*E. coli* and other coliforms  
*Mycoplasma genitalium* and sp.  
*U. urealyticum*  
*M. tuberculosis*  
*Brucella*  
*Viral – Enterovirus, Adenovirus, 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  
Cephalexin Allergy  
Levoﬂoxacin or ofloxacin Desensitization with fluoroquinolone resistance |
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*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 |
*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 X1 and Doxycycline 100 mg bid po for 10-14 days  
For enterics – Ofloxacin or Ciprofloxacin  
PCN or tetracycline Allergy - Ofloxacin 200mg bid for 14 days |
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<td>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</td>
<td>Retrospective Database Review *University of Virginia Health System Database *Queried for epididymitis from 1999-2005</td>
<td>Chlam. ≤18 0/4 (0%) Bacteria ≤18 1/17 (7%) 18-35 8/48 (17%) 18-35 4/40 (10%) ≥35 0/21 (0%) ≥35 37/99 (37%)</td>
<td>Results 18-35 years old *29% had appropriate work-up *50% were treated appropriately ≥35 years old *39% had appropriate work-up *95% were treated appropriately</td>
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