

Epididymo-orchitis

MANAGEMENT SUMMARY

EXCLUDE TORSION

Take history – age, sexual history, previous catheterisation or urinary tract infection (UTI)?
Examination – swollen scrotum, tender epididymis/testicle, urethral discharge?
Tests – urethral culture swab for gonorrhoea (if gonorrhoea culture available) if urethral discharge, plus in all cases first void urine for chlamydia & gonorrhoea NAAT testing (first 30ml), preferably ≥ 1 hour after last void, and mid-stream urine for urine dipstick and culture for urinary pathogens

STI-associated epididymo-orchitis more likely if

- < 35 years
- > 1 sexual contact in past 12 months
- Urethral discharge
- Men who have sex with men (MSM)

Management of epididymo-orchitis likely due to any STI

- Ceftriaxone 500mg im stat (make up with 2ml lignocaine 1% or as per data sheet) *plus* doxycycline 100mg po twice daily for 14 days
- Advise to abstain from sex or use condoms for 2 weeks after the start of treatment and until 1 week after all sexual contact/s have been treated
- Bed rest, scrotal support, analgesia

Urinary pathogen-associated epididymo-orchitis more likely if

- > 35 years
- Low risk sexual history
- Previous urological procedure or UTI
- No urethral discharge
- Positive urine dipstick for leucocytes + nitrites

Management of epididymo-orchitis likely due to enteric or urinary organisms

- Ciprofloxacin 500mg po bd 10 days (specialist approval may be required)
- Bed rest, scrotal support, analgesia

Follow-up

- Symptoms should be improving after 3 days
- Arrange further review at 1 week
- Check laboratory results

Symptoms and signs resolved/significantly improved

- Check compliance with treatment
- Check sexual abstinence
- Ensure partner notification/contact tracing complete

Discharge once symptoms and signs fully resolved
Offer repeat sexual health check in 3 months

MSU positive

- Consider renal tract ultra-sound scan (USS)
- Referral to urology

Symptoms and signs persist

- Check compliance with treatment
- Check no unprotected sex
- Ensure partner notification complete
- Review diagnosis
- Consider alternative aetiologies
- Consider testicular USS
- Consider urology referral

Partner notification and management of sexual contacts

If STI cause suspected:

- Be clear about language: 'partner' implies relationship
- All sexual contacts in the last 3 months should be notified
- Contact/s should have a sexual health check and treatment as an epididymitis contact, with azithromycin 1g po stat, without waiting for test results
 - If gonorrhoea suspected in index case, add ceftriaxone 500mg im stat
- If contacts test positive for an STI refer to specific guideline www.nzshs.org/guidelines
- Advise contacts to abstain from sex or use condoms for 1 week from the start of treatment and until results of tests are available
- Most choose to tell contacts themselves; giving written information is helpful
- Notifying all contacts may not be possible, e.g. if there is insufficient information or a threat of violence

The Ministry of Health supports the use of these clinical guidelines, developed by clinical experts and professional associations to guide clinical care.

Further guideline information – www.nzshs.org/guidelines or phone a sexual health specialist.

This STI Management Guideline Summary has been produced by NZSHS. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (September 2017).