Clinical care pathway for management of epididymo-orchitis

Patient presents with acute unilateral scrotal pain

**EXCLUDE TORSION**

Take history – age, sexual history, previous catheterisation or UTI?
Examination – urethral discharge?
Preliminary investigations – microscopy of urethral smear or first pass urine if available, urine dipstick
Laboratory investigations – urethral culture for *N. gonorrhoeae*, first pass urine for *C. trachomatis +/- N. gonorrhoeae* NAAT AND MSU

**Higher risk of STI–associated epididymo-orchitis?**
- younger age
- high risk sexual history, no previous urological procedure or UTI
- urethral discharge present
- urine dipstick positive for leucocytes only

**Lower risk of STI–associated epididymo-orchitis?**
- older age
- low risk sexual history
- previous urological procedure or UTI
- no urethral discharge
- positive urine dipstick for leucocytes + nitrites

Most probably due to any sexually transmitted pathogen:
- Ceftriaxone 500mg IM plus doxycycline 100mg bd 10-14 days
- No sex until review
- Partner notification

Most probably due to chlamydia or other non-gonococcal organisms (ie microscopy negative for Gram negative intracellular diplococci and no risk factors for gonorrhoea identified) could consider:
- Doxycycline 100mg bd 10-14 days or
- Ofloxacin 200mg bd for 14 days
- No sex until review
- Partner notification

Most probably due to enteric organisms:
- Ofloxacin 200mg bd 14 days or
- Ciprofloxacin 500mg bd 10 days

Follow up
Symptoms should be improving after 3 days
Further review at 2 weeks
Check laboratory results
If gonorrhoea positive needs TOC

**Symptoms and signs resolved/significantly improved**
- Check compliance with treatment
- Check sexual abstinence
- Ensure PN complete

Discharge once symptoms and signs fully resolved

**Symptoms and signs persist**
- Check compliance with treatment
- Check sexual abstinence
- Ensure PN complete
- Review diagnosis
- Consider alternative aetiologies
- Consider testicular USS
- Consider urology referral

**MSU positive**
- Renal tract USS
- Referral to urology