

## Case conference

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## Visit ER at Day1 10:57

- 57 y/o male
- Chief complaint: 病人主述為左側睪丸陰囊疼痛腫脹
- Triage: 3
- T/P/R:38.1/100/16, BP=151/80, SpO2=100%
- Conscious: E4M6V5

## Present illness

- Left scrotal pain for 2 weeks
- Fever(+) 2 weeks→沒量體溫
- Dysuria(+), frequency(+)
- URI 一個半月前

## Past history

- Allergy: NKA
- Medical history:
  - Hypertension(+) with medication, DM (+) with medication

## Physical examination

- Cons: E4M6V5
- Chest: RHB, BS: clear
- abdomen: soft, normoactive bowel sounds, no flank knocking pain



## Impression

- Left epididymo-orchitis

## Management

(1105)

- U/A, U/C
- On iv lock
- Hb, WBC/DC
- GOT, Cr, Na, K
- FS(376)
- B/C X1
- 排GU 住院
- cravit 750 mg iv QD & ST
- Tinten 1 tab po st

## Laboratory data

檢驗項目名稱	檢驗值	檢驗值單位	檢驗項目名稱	檢驗值	檢驗值單位
Hb	12.6	gm/dl	GOT(AST)	13	U/L
WBC	24.6	x1000/uL	Creatinine	0.87	mg/dL
Differential count	*****		eGFR	90.45	
Segmented Neutro.	80.0	%	Na	121	mmol/L
Lymphocyte	11.0	%	K	4.0	mmol/L
Monocyte	9.0	%			
Eosinophil	0.0	%			
Basophil	0.0	%			
Atypical lymphocyte	0.0	%			
Band	0.0	%			

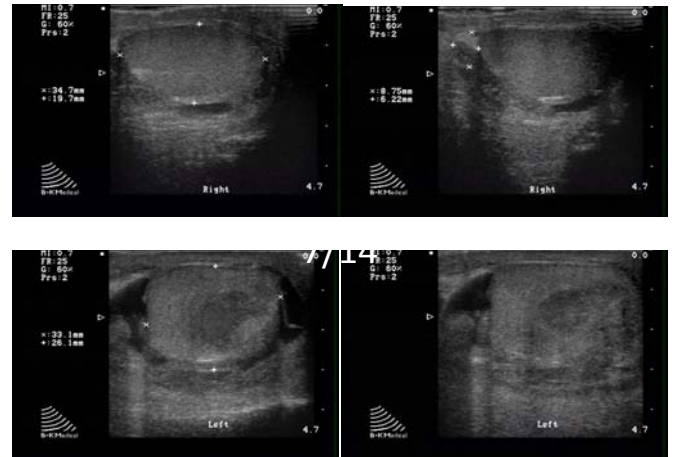
檢驗項目名稱	檢驗值	檢驗值單位
Sediment	*****	
RBC	8-15	/HPF
WBC	1-2	/HPF
Epithelial cell	0-1	/HPF
Cast	Not Found	/LPF
.cast-amount	-	
Crystal	Not Found	/HPF
.Cry-amount	-	
Bacteria	-	
Others	Not Found	

## Previous lab result

半個月前 U/A & U/C

檢驗項目名稱	檢驗值	檢驗值單位	檢驗項目名稱	檢驗值	檢驗值單位
Urine routine	*****		Urobilinogen	<1.5	mg/dl
Color	Yellow		Nitrite	Negative	
Clarity	Negative		WBC(esterase)	Negative	Leu/uL
Sp.gr.	1.021		Sediment	*****	
pH	6.5		RBC	5-7	/HPF
OB	<0.03(+/-)	mg/dl	WBC	1-2	/HPF
protein	Negative	mg/dl	Epithelial cell	0-1	/HPF
glucose	>1000(4+)	mg/dl	Cast	Not Found	/LPF
Ketone	Negative	mg/dl	.cast-amount	-	
Bilirubin	Negative	mg/dl	Crystal	Not Found	/HPF

MID-STREAM URINE CULTURE:  
The colony count was less than 1000 CFU/ml in 48 hours cultured.



## Management

1250


- Pelvic CT with/without contrast

## CT

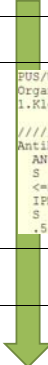
## Management

- (1337)  
 • Admission  
 • NPO

## Admission course

- day1 — OP: Left scrotal abscess extended to left inguinal area, s/p left radical orchiectomy
- Finding:
1. left scrotal abscess extended to left inguinal area, primarily from peri-cord region and near testis
  2. a 2x2 cm wound at left scrotal skin with some pus-oozing, suspected fistula with the scrotal abscess
- 

## Admission course

- day3 — U/C: NO growth
- day6 — OP: debridement and open wound
- day13 — OP: debridement and wound closure
- day22 — discharge
- 

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PUS/WOUND AEROBIC CULTURE:
Organism:
1.Klebsiella pneumoniae      --- Moderate      S: CSF
////
Antibiotic/Culture:E41 Klebsiella pneumoniae
AN  CAZ  CIP  CMZ  CRO  CXM  CZ  ETP  FEP  FLO  GM
S   S   S   S   S   S   I/S  S   S   S   S
<=2 <=1 <=.25 <=1 <=1 4   <=4 <=.5 <=1 <=2 <=1
IPM  LVX  PIP  SAM  TGC  TZP
S   S   R   S   S   S
.5  1   8   2   <=4
    
```

## DISCUSSION

- epididymitis

## etiology

- Infectious
  - Acute :
    - severe swelling and exquisite pain, fever, irritative voiding symptoms
    - epididymo-orchitis, epididymo-prostatitis
  - Chronic(> 6 weeks):
    - scrotal pain, irritative voiding symptoms(-),
    - sexual activity, heavy physical exertion and bicycle/motorcycle riding
- Noninfectious(trauma, autoimmune, vasculitis, postvasectomy)
  - Exclusion of other etiology

## bacteriology

- < 35 y/o : Chlamydia trachomatis, Neisseria gonorrhoeae
- Older men: Escherichia. coli, other coliforms, and Pseudomonas species
- HIV patient: CMV, Cryptococcus

## diagnosis

- Based on physical examination, confirmed by urine studies
- U/A, U/C, urine swab if urethral discharge
- ultrasound: assess for testicular torsion
- OP

## Treatment

- ice, scrotal elevation, and NSAIDs
- severe epididymitis +testicular pain → urologist consult for need of surgical exploration
- Empirical Antibiotic
  - Ceftriaxone (250 mg intramuscular injection in one dose) **plus** doxycycline (100 mg by mouth twice a day for ten days)
  - Quinolone : Not recommend if suspected *N. gonorrhoeae* infection
  - > 35 y/o or anal intercourse: ceftriaxone + fluoroquinolone
- Positive Culture of chlamydia or Neisseria: treatment of sexual partner

## DDx

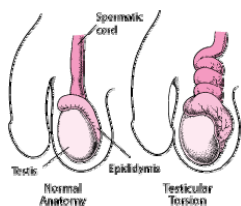
- testicular torsion
- torsion of the testicular appendages
- incarcerated hernia
- Trauma
- vasculitis

Table 96-1 Empiric Outpatient Treatment of Epididymitis and Epididymo-Orchitis
Age <40 y
Treat for gonorrhea and <i>Chlamydia</i> *
Ceftriaxone, 250 milligrams IM, plus doxycycline, 100 milligrams PO twice a day for 10 d
Age >40 y
Treat for gram-negative bacilli*
Ciprofloxacin, 500 milligrams PO twice a day for 10–14 d
Levofloxacin, 250 milligrams PO every day for 10–14 d

\*Antibiotic treatment should be adjusted depending on culture results.

## Testicular torsion

- Annual incidence: 1/4000 male(<25 y/o)
- Peak age: 13 y/o
- bimodal age distribution
  - perinatal period and puberty



## Clinical manifestation

- acute severe pain over lower abdominal quadrant, the inguinal canal, or the testis
- PE:
  - firm, tender testis
  - higher than the contralateral testis , transverse lie testis
  - unilateral absence of the cremasteric reflex (sensitive:99%)
  - Relief of pain with elevation of the affected testicle (prehn sign): no reliable

## Diagnosis and management

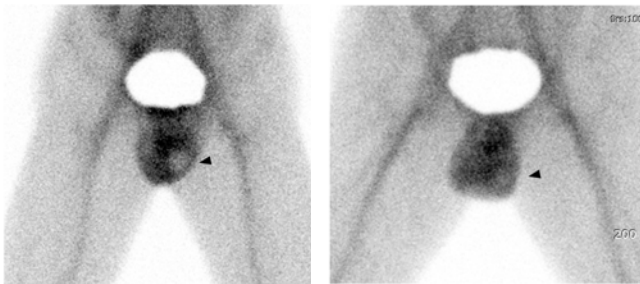
- emergent urologic consultation and surgical exploration
- Scintigraphy(100% sensitivity)
- Duplex US(88% sen, 90% spe)
- Detorsion maneuver(open-book)(temporarily)



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## Prognosis

- testicular salvage is related to the duration of symptoms before operation
- Excellent salvage rate : <6 hours of onset