

INTRODUCTION

EPIDIDYMOORCHITIS (EO)



#1 cause of an acute scrotum in a post-pubertal male



Typically resolves with antibiotics



Is there value in scanning these patients acutely?

We reviewed the role of testicular US in clinically suspected EO in Urology inpatients.

METHODS

94 Testicular US requests for Urology inpatients from Jan-Dec 2019 were retrospectively reviewed.

Patients who had clinically suspected EO on initial assessment were followed up.

Their testicular US findings and subsequent management were reviewed.

RESULTS

79% of scans (73 patients) performed were for a clinical suspicion of EO

80%

Normal testes
Benign findings
Simple EO

None led to surgical intervention.

16%

Complicated EO
(abscess or ischaemia)

75% had surgical intervention of which 4 out of 9 patients had an orchidectomy.

3%

INCIDENTAL TESTICULAR MASS in contralateral testis.

All patients had an orchidectomy and pathology-proven testicular cancer.

LIMITATIONS

Outpatient population of suspected EO not studied.

CONCLUSIONS

Testicular US adds value to the management of EO in an inpatient population where complication rates are higher and surgery may be indicated.

We found a high rate of incidental testicular cancers which led to early definitive surgery.