
Epididymitis

Summary

- The epididymis is a series of small tubes that collects and stores sperm. It is attached to the back of each testicle.
 - Epididymitis is inflammation of the epididymis, usually caused by an infection.
 - Most cases of epididymitis are caused by bacterial infection from a urinary tract infection or a sexually transmissible infection (STI) such as gonorrhoea or chlamydia.
 - Treatment options include antibiotics and bed rest.
 - Some men develop chronic epididymitis, which is inflammation of the testes even when there is no infection.
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The epididymis is a series of small tubes that collects and stores sperm. It is attached to the back of each testicle. One of the most common causes of pain in the scrotum is epididymitis – inflammation of these coiled tubes – which may be due to an infection. Epididymo-orchitis is the spread of the infection to the testicle.

Epididymitis is usually a secondary bacterial infection that can be triggered by a range of conditions, such as a urinary tract infection or a sexually transmissible infection (STI). The bacteria in the urethra (the tube carrying urine and sperm from the penis) move through the urinary and reproductive structures to the epididymis.

Treatment options include antibiotics and bed rest. Some men develop chronic epididymitis, which is inflammation even when there is no infection.

Symptoms of epididymitis

The symptoms of epididymitis include:

- swollen (enlarged), red or warm testicle
- feeling of heaviness in the affected testicle
- tenderness or pain in the affected testicle
- pain in the abdomen or pelvis
- frequent urge to urinate
- burning feeling when urinating
- discharge from the penis
- blood in the urine
- pain when ejaculating
- slight fever
- chills.

Causes of epididymitis

Most cases of epididymitis are caused by bacterial infection. Causes include:

- urinary tract infections
- sexually transmissible infections (STIs), such as chlamydia or gonorrhoea
- recent genito-urinary surgery, including prostatectomy (the surgical removal of all or part of the prostate gland)
- the use of a urinary catheter
- some congenital kidney and bladder problems.

Complications of epididymitis

If left untreated, acute epididymitis can lead to a range of complications, including:

- chronic epididymitis – the inflammation can become persistent, even when there is no bacterial infection present
- abscess – a ball of pus can accumulate inside the epididymis or nearby structures, requiring surgery to drain the pus
- destruction of the epididymis – the inflammation can permanently damage or even destroy the epididymis and testicle, which can lead to infertility
- spread of infection – the infection can spread from the scrotum to any other structure or system of the body.

Diagnosis of epididymitis

It can be hard to tell the difference between epididymitis and testicular torsion, especially in younger men. Testicular torsion is when the testicle has twisted and cut off its supply of blood. Testicular torsion is a surgical emergency. Sometimes, epididymitis and testicular torsion occur at the same time.

Epididymitis can be diagnosed using a number of tests, including:

- physical examination
- medical history
- urine tests
- STI tests
- blood tests
- ultrasound of the testes.

Treatment for epididymitis

The treatment options for epididymitis include:

- antibiotics
- antibiotics for any sexual partners (if an STI was the cause)
- bed rest
- pain-relieving medication
- cold compresses applied regularly to the scrotum
- elevation of the scrotum
- a stay in hospital (in cases of severe infection)
- a check-up afterwards to make sure the infection has cleared up.

Chronic epididymitis

Some men develop chronic epididymitis, which is inflammation even when there is no infection. The cause is not known, but it is thought that hypersensitivity of certain structures, including nerves and muscles, may cause or contribute to the condition.

Some of the known risk factors for chronic epididymitis include genito-urinary surgery, exposure to STIs and past acute epididymitis. However, a man without these risk factors can still develop the condition.

Diagnosis of chronic epididymitis

Tests are needed to distinguish chronic epididymitis from a range of other disorders that can cause constant scrotal pain, such as testicular cancer, enlarged scrotal veins (varicocele) or a cyst in the epididymis. Tests can include physical examination and ultrasound.

Treatment for chronic epididymitis

Chronic epididymitis is difficult to treat. Antibiotics should not be used, as there is no infection. Treatment options include:

- frequent warm baths
- non-steroidal anti-inflammatory medication (NSAIDs)
- medication to alter nerve messages to the scrotum
- rarely, surgery to remove the affected epididymis
- stress management techniques.

Where to get help

- Your **GP (doctor)**
- **Melbourne Sexual Health Centre** Tel. **(03) 9341 6200** or **1800 032 017** (outside Melbourne Metro) or TTY (for people with a hearing impairment) **1300 555 727**
- Melbourne Sexual Health Centre HIV Clinic for HIV positive people Tel. **(03) 9341 6214**
- **Thorne Harbour Health** (formerly Victorian AIDS Council) Tel. **(03) 9865 6700** or **1800 134 840**
- **HIV, Hepatitis, STI Education and Resource Centre** at The Alfred Tel. **(03) 9076 6993**
- **Northside Clinic** Tel. **(03) 9485 7700**
- **Prahran Market Clinic** Tel. **(03) 9514 0888**
- **The Centre Clinic**, St Kilda Tel. **(03) 9525 5866**
- **Family Planning Victoria** Tel. **1800 013 952** or **(03) 9257 0100**
- **Action Centre** (for youth 25 years and under) Tel. **(03) 9660 4700** or **1800 013 952**

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