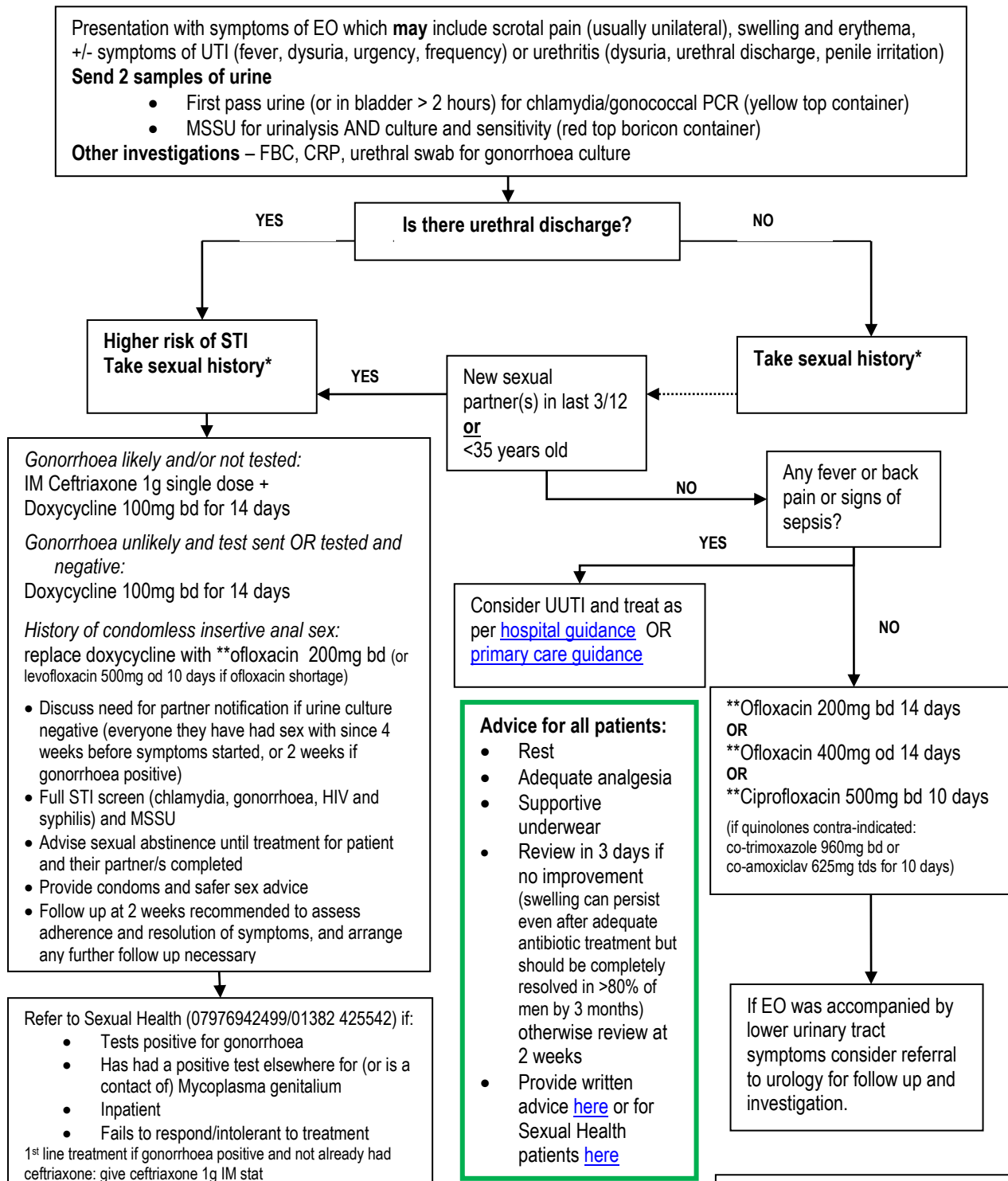


Management of Suspected Epididymo-Orchitis (EO)

- In this guideline the term EO covers orchitis, epididymitis and epididymo-orchitis
- Always consider STI but especially if under 35 years (*Chlamydia trachomatis* and *Neisseria gonorrhoeae*)
- Usually due to gram negative enteric bacteria if over 35 years with low risk of STI (*complete sexual history taking is essential). Increased risk with recent instrumentation (e.g. prostatic biopsy and vasectomy), catheterisation or urinary tract abnormalities.
- Consider differential diagnosis of testicular torsion. Also, mumps (especially in those unvaccinated/incomplete vaccination). Parotitis is absent in 30-40% of cases.
- Consider rarer causes including reactive arthritis/Behçet's disease, TB, tumour or side effects of amiodarone
- Left untreated, EO can result in continued pain/swelling, hydrocele, abscess formation, very rarely infertility

*Taking a sexual history should include whether sexually active, recent change of partner, past history of STI and presence of urethral discharge.



References:

BASHH 2020
NICE/PHE 2017

CKS 2022
IUSTI 2016

CDC 2021
EUA 2023

****Refer to [quinolone warnings](#)**

Developed by: AMG/Sexual Health/Urology
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