



FOUNDATIONS  
of Emergency Medicine

# Foundations Frameworks

## Approach to Testicular Pain

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### What are the long-term consequences of GU disease in men?

Mortality is rarely a concern except in necrotizing infections and urosepsis, but significant morbidity can occur, manifesting mainly as infertility

#### Step 1: Identify the source of pain

- Testes
- Epididymis
- Spermatic cord
- Scrotum

Remember that testicular pain can be referred from intra-abdominal pathology – make sure to think about kidney stones, aortic aneurysm, retrocecal appendicitis, etc.

#### Step 2: Get lab tests and imaging as indicated by your history and physical

- Most testicular or epididymal pain will require an ultrasound with Doppler
- A urinalysis will often be helpful, and screening for GC/Chlamydia can be added on
- High-risk red flags:
  - HIV (prostatitis, other STIs, Fournier's gangrene)
  - Fever, h/o diabetes (Fournier's gangrene)
  - Abdominal distension, inability to pass BM/flatus (incarcerated hernia)

#### Step 3: Determine the need for emergent surgical consultation vs. follow-up

*Emergent urologic consultation will be required for:*

- Testes: torsion, traumatic rupture
- Scrotum/Skin: Fournier's gangrene

Most other etiologies of pain can be managed on an outpatient basis. Antibiotic therapy, if indicated, should be directed based on risk factors, such as for STIs

- Epididymitis or epididymo-orchitis:
  - STI suspected- IM ceftriaxone and oral doxycycline
  - STI not suspected- oral fluoroquinolone course
  - Patients of any age who practice receptive anal intercourse- IM ceftriaxone and oral fluoroquinolones
- Torsion of the appendix testis: NSAIDs and ice
- Reducible inguinal hernias should be given follow-up with general surgery
- Uncomplicated traumatic injuries (e.g. testicular hematoma without rupture): NSAIDs and ice

#### Sources:

Ban K and Easter S. *Rosen's Emergency Medicine*, 8e. Chapter 99: "Select Urologic Problems." Saunders 2014, pp. 1326-1354.