Foundations Frameworks

Approach to Testicular Pain

Author: Andrew Ketterer, MD, MA
Editor: Kristen Grabow Moore, MD, MEd

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.