

Epididymis

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Epididymal pathology is rare in prepubertal males. In sexually active males, acute epididymitis (often due to Chlamydia) with significant pain and swelling needs to be distinguished from acute testicular torsion. A Doppler USS may help differentiate between the two conditions: in epididymitis it shows an increased blood flow into the inflamed epididymis, whereas in torsion it shows decreased or complete lack of blood flow to the testis. If there is any doubt, scrotal exploration is undertaken. Epididymal cysts can form similar scrotal swellings to hydroceles but can be distinguished by the fact that the testis can often be felt separately . They contain clear or white fluid. Both hydroceles and epididymal cysts transilluminate on clinical examination. Genitourinary TB can result in bilateral nodular induration of the epididymis and nodularity of the vas deferens. It may also result in scrotal abscesses that, unlike pyogenic abscesses, (Figure 81.1).

Figure 81.1 Cold abscess of the left scrotum. (Reproduced with permission from Kumar R. Reproductive tract tuberculosis and male infertility. Indian J Urol 2008; 24 : 392-5.)

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