

Tuberculous epididymo-orchitis

Tuberculous epididymo-orchitis

- Chronic tuberculous epididymo-orchitis usually begins - insidiously . The frequency with which the lower pole of the - epididymis is involved first indicates that the infection is usually retrograde from a tuberculous focus in the seminal vesicles. - Clinical features - Typically , there is a firm, uncomfortable discrete swelling of the /uni00A0 lower pole of the epididymis. The disease progresses until the whole epididymis is firm and craggy behind a normal- feeling testis. There is a lax secondary hydrocele in 30% of cases, and a characteristic beading of the vas may be apparent - as a result of subepithelial tubercles. The seminal vesicles feel indurated and swollen. In neglected cases, a tuberculous 'cold' abscess forms, which may discharge. The body of the testis may be uninvolved for years but the contralateral epididymis - often becomes diseased. In two-thirds of cases there is evidence of renal tuberculosis or previous disease. Otherwise, patients typically appear healthy . The urine and semen should be examined repeatedly for tubercle bacilli in all patients with chronic epididymo-orchitis. - Imaging of the chest and upper urinary tract should be per - formed. Ultrasound will demonstrate a thickened epidid ymis. - Treatment Secondary tuberculous epididymitis may resolve when the primary focus is treated. Treatment with antituberculous drugs is less e ff ective in genital tuberculosis than in urinary tuberculosis. If resolution does not occur within 2 months, epididymectomy or orchidectomy is advisable. A course of antituberculous chemotherapy should be completed even if there is no evidence of disease elsewhere. -

Revision #1

Created 2025-12-31 15:31:16 UTC by Omar Ayman

Updated 2025-12-31 15:31:16 UTC by Omar Ayman