

EPIDIDYMO-ORCHITIS

[BOOKMARK](#)
[PRINT AS PDF](#)

Conditions where contact tracing should be considered: The results of STI testing are generally not available at the initial visit, and a sexually transmitted pathogen is often not found. Contact tracing is always recommended when an STI pathogen is detected and even when it is not, pathogens are sometimes identified in partners. Please refer to the notes relating to that specific pathogen.

Causative organisms	<i>Chlamydia trachomatis, Neisseria gonorrhoeae,</i>
Coliforms	<p>Note: Sexually transmissible causes are more likely in younger people (<35 years), and while urinary tract pathogens such as coliforms are increasingly likely in older people (>35 years), STI should be considered in all age groups.</p> <p>A pathogen is often not identifiable.</p>
Incubation period	Poorly defined, probably days to weeks depending on the organism
How far back to trace	See relevant sections if chlamydia or gonorrhoea are isolated
Usual testing method	Clinical diagnosis may be reinforced by detection of urethritis on gram stain chlamydia and gonorrhoea nucleic acid amplification testing and urine microscopy and culture
Common symptoms	Scrotal pain, swelling and erythema occasionally associated with dysuria and urethral discharge
Likelihood of transmission per act of condomless intercourse	Depends on specific pathogen
Likelihood of long-term sexual partner being infected	Depends on specific pathogen
Protective effect of condoms	High for sexually transmitted pathogens
Transmission by oral sex	Relevant for <i>N. gonorrhoeae</i>
Duration of potential infectivity	Depends on specific pathogen
Important sequelae	Untreated infection can lead to orchitis (testicular infection); some evidence of reduced fertility.
Direct benefit of detection and treatment of contacts	Cure where a pathogen is found
Usual management of contacts	<p>Counselling, clinical examination, test for <i>C. trachomatis</i> and <i>N. gonorrhoeae</i></p> <p>Consider presumptively treating sexual contacts if there has been sexual contact within the past 2 weeks in line with local guidance or when the person's individual circumstances mean later treatment may not occur.</p>
Contact tracing priority	<p>High - Where <i>C. trachomatis</i> or <i>N. gonorrhoeae</i> isolated</p> <p>Medium - Younger people and their current sexual partners where a sexually transmitted pathogen is not isolated</p> <p>Low - Older people and their previous sexual partners, where a sexually transmitted pathogen is not isolated</p> <p>None - Where a urinary tract pathogen is isolated</p>
Notification	Not notifiable

Page last updated September 2022



Developing a sustainable HIV, Viral Hepatitis and Sexual Health Workforce

ABOUT

- [About ASHM](#)
- [Acknowledgements](#)
- [Transparency Policy](#)
- [Privacy Policy](#)
- [Feedback](#)

RESOURCES

- [Useful resources and websites](#)
- [References and further reading](#)