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ACUTE EPIDYMO-ORCHITIS, CLINICAL CASES OF INADEQUATE CONSERVATIVE TREATMENT

Berdibaev T.M., Kuchkarov A.K.

Center for the development of professional skills of medical staff under the Ministry of Health of the Republic of Uzbekistan

✓ ***Resume***

This article describes patients with epididymo-orchitis in whom the disease proceeded in a complicated form and led to an organ ablation operation. When describing cases, the authors show the clinical course and diagnosis of the disease and urge doctors to be alert about possible complications.

Key words: Epididymitis, epididymo-orchitis, orchiepididymectomy.

ОСТРЫЙ ЭПИДИДИМООРХИТ, КЛИНИЧЕСКИЕ СЛУЧАИ НЕАДЕКВАТНОГО КОНСЕРВАТИВНОГО ЛЕЧЕНИЯ

Бердибаев Т.М., Кучкаров А.К.

Центр повышения квалификации медицинских работников при МЗ РУз

✓ ***Резюме,***

В данной статье описаны пациенты с эпидидимоорхитом у которых болезнь протекала в осложненной форме, и привело к орган уносящей операции. При описании случаев авторы показывают клинику и диагностику заболевания и призывают врачей к настороженности о возможных осложнениях.

Ключевые слова: Эпидидимит, эпидидимоорхит, орхоэпидидимэктомия

O'TKIR EPIDIMORXIT, ETARLI DARAJADA KONSERVATIV DAVONING BO'LMAGANI KLINIK HOLAT

Berdiboyev T.M., Qo'chqorov A.K.

O'zbekiston Respublikasi Sog'liqni saqlash vazirligi huzuridagi tibbiyot xodimlarining kasbiy malakasini oshirish markazi

✓ ***Rezyume,***

Ushbu maqola epididimo-orxit bilan kasallangan bemor bo'lib, unda kasallik murakkab shaklda o'tdi va organlarni olib tashlash operatsiyasiga olib keldi. Holatlarni tavsiflashda mualliflar kasallikning klinikasi va diagnostikasini ko'rsatib, shifokorlarni yuzaga kelishi mumkin bo'lgan asoratlar to'g'risida ogoh bo'lishga chaqirishadi.

Kalit so'zlar: Epididimit, epididimo-orxit, orkiepididimektomiya.

Relevance

Acute epididymitis is an inflammation of the epididymis, orchitis is an isolated mation of the in flam testicle, epididymo-orchitis is an inflammation of the testicle and its epididymis, the symptom complex of which is pain, edema, redness of the scrotum and fever [1, 2].

Standard conservative therapy includes antibiotic therapy, pain relievers, and an elevated scrotum. Prior to obtaining a bacteriological analysis of urine, empirical antibiotic therapy is performed. For men with acute epididymitis and a low risk of gonorrhea (no discharge), it is recommended to prescribe one drug or a combination of two with a sufficient dose and duration of administration for the eradication of Chlamydia trachomatis and Enterobacteriaceae, for example: Fluoroquinolones 1 time per day for 14 days or Doxycycline, the first dose of 200 mg by mouth, then 100 mg 2 r / day for 10-14 days +

cephalosporins for 10-14 days. For men with suspected gonorrheal acute epididymitis, a combination of drugs active against gonococci and Chlamydia trachomatis is recommended, for example: Ceftriaxone 500 mg IM once in combination with doxycycline, the first dose of 200 mg orally, then 100 mg 2 r / day for 10-14 days . In severe infections, parenteral treatment is performed [3, 4, 5]. Surgical treatment is performed to drain the abscess or remove necrotic tissue [6, 7].

Currently, the irrational use of antibacterial drugs has led to the growth of antibiotic-resistant microflora. This, in turn, leads to a decrease in the effectiveness of standard conservative therapy. As a result, apostems and abscesses appear in the epididymis and testicle. Antibiotic resistance, untimely detection of apostems and abscesses leads to purulent fusion of the epididymis, which does not favorably affect the patient's condition, manifested by symptoms of intoxication, local symptoms such as pain and swelling in the scrotum and leads to an extension of hospitalization. In addition, a prolonged inflammatory process with the formation of apostems and abscesses leads to the destruction of the epididymis, which requires radical surgical intervention, such as epididymectomy and / or orchiepididymectomy.

In this article, we would like to give examples of the complications of inadequate conservative treatment.

Example No 1. Patient F. 60 years old.

Diagnosis: Complicated urinary tract infection. Acute epididymo-orchitis on the right.

Complaints of general weakness, fever, pain and swelling in the right half of the scrotum.

When interviewed, a patient 1 month ago had urinary symptoms - like frequent urination with burning, a feeling of incomplete emptying of the bladder, which he did not attach importance to. 7-10 days ago, pain began and edema of the left half of the scrotum appeared. Then he began to shiver, the temperature rose. The patient went to the local polyclinic. After examination by a doctor, antibacterial and anti-inflammatory therapy was prescribed - Cefoperazone 1g x 2 times a day IM, Nimesulide 100mg x 2 times a day, for a period of 7 days. After the treatment, no improvement was observed, and therefore he was hospitalized.

On examination, the general condition of moderate severity, body temperature is 38.5C. The right half of the scrotum is enlarged due to edema, the skin is red, and the skin folds are smoothed. On palpation, the right testicle and epididymis are not palpable separately. Palpation is sharply painful.

On ultrasound, the left testicle is normal. The right testicle measures 4.1x2.8 cm, the structure is heterogeneous with echo-negative inclusions 0.2-0.5 cm in diameter. Echogenicity is increased. Around the testicle, a layer of liquid is 0.3 cm. The appendage has smooth, clear contours, the structure is homogeneous, the echogenicity is uniformly increased. The diameter of the head is 2.6 cm, the body is 1.2 cm, the tail is thickened, in its projection there is an inflammatory infiltrate of 1.6 x 1.5 cm, purulent foci of 0.1-0.5 cm in diameter. With CFM, blood flow is increased.

In 1 ml of urine leukocytes-1250, erythrocytes-1000. Bacteriological urine culture showed no growth.

The patient underwent surgery - revision of the right half of the scrotum. At the moment of opening the testicle's own membrane, pus began to flow out (photo No 1).

Photo No 1. The testicle and epididymis were in places closely adhered to their own membrane, covered with fibrinous bloom. There were multiple purulent foci throughout the appendage, some of them had opened, and pus was released. The testicle also contains purulent foci under the tunica albuginea (photo No2).

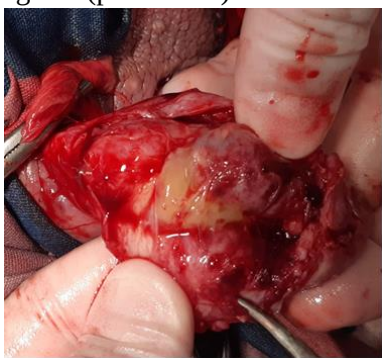

Photo No 2

Given the significant destructive changes, the testicle and epididymis were found not viable; it was decided to perform orchiepididymectomy with wound drainage.

The patient received antibacterial and anti-inflammatory therapy. The postoperative course is favorable. The patient was discharged on the 4th day after the operation.

Macrodrug: the right testicle and its appendage with multiple purulent foci (photo No. 3).

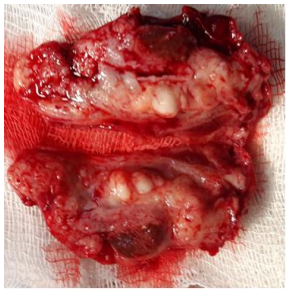
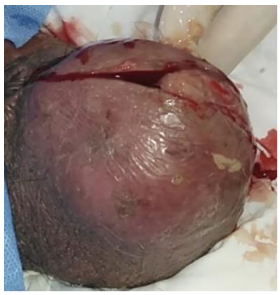

Photo No 3. The reason for such a severe course of the disease was that the patient did not seek medical attention for urinary symptoms. After epididymitis was detected, he underwent outpatient treatment and the course of the disease was not assessed, he was not examined in time for the presence of purulent foci, which led to a protracted course of the disease, purulent destruction of the testicle and its epididymis, which ended with organ-carrying surgery.

Example No. 2. Patient B. 39 years old. Diagnosis: Neurogenic bladder. Acute urinary retention on the background of chronic urinary retention. Complicated urinary tract infection. Acute epididymo-orchitis on the right. Condition after spinal surgery (2001). Lower paraplegia.

Complaints: Lack of appetite, malaise, inability to urinate independently, involuntary discharge of urine (paradoxical ischuria), swelling in the right half of the scrotum, limitation of movement in the lower extremities.

Anamnesis: A patient in 2001 was injured when he fell from the third floor. The patient underwent three operations in the area of the thoracic spine. After injury, he lacks movement and sensitivity in the lower limbs. He has been also suffering from constipation since then. In recent years, he noted a weak stream of urine, and in recent months, an involuntary loss of urine. Due to impaired sensitivity and lack of pain, he does not know exactly when the swelling began in the right half of the scrotum. 10 days ago, he was admitted to a surgical clinic with dynamic intestinal obstruction. In the surgical department, in addition to dynamic intestinal obstruction, acute urinary retention and right-sided epididymitis were identified. Dynamic intestinal obstruction was resolved with enemas and proserin stimulation. They also installed a urethral catheter for urinary retention, prescribed antibiotics and topically Vishnevsky's ointment on the scrotum. For 10 days, the patient received antibacterial and anti-inflammatory therapy for epididymitis. After discharge from the surgical hospital, the patient was referred to the urological clinic.

On examination of the patient, the general condition of moderate severity, body temperature was 37.5C. After removal of the urethral catheter, urination was not restored, the bladder was palpated high above the bosom. The right half of the scrotum was enlarged due to edema, the skin was red, the skin folds were smoothed, on palpation the right testicle and the epididymis were not separately palpated, there was a softening of the tissues of this half of the scrotum.

On ultrasound, the left testicle was normal. The right testicle measured 37.2 x 26.1 x 33.0mm; the contours were uneven, indistinct. Echogenicity was reduced; the parenchyma was heterogeneous with areas of reduced echogenicity. With CFM, blood flow was increased. The epididymis head was 28 mm in size, the contours were uneven, the echogenicity was increased, and the echo structure was heterogeneous. Around the testicle, there was an accumulation of 50 ml of fluid, of a heterogeneous nature with hyperechoic inclusions. The kidneys and prostate were normal. The volume of the bladder was 1100 ml.

In 1 ml of urine leukocytes-65000, erythrocytes-2000. Urine culture showed an increase in Escherichia coli 105.

The patient underwent a PC cystostomy with bougienage, in which 1.2 liters of turbid urine were released. After that, an orchiepididymectomy was performed on the right.

When performing a skin incision, thick pus began to flow out (photo No. 4) with seminiferous tubules (photo No. 5, No. 6). During revision, the anatomical boundaries of the testis and epididymis were not clearly visualized (photo No 7). Since the testicle and epididymis were found not viable, orchiepididymectomy was performed. The wound was sutured on a rubber graduate with rare sutures. The operating wound healed by secondary intention.

Photo No 4. Leakage of thick pus when the skin of the right half of the scrotum is cut.

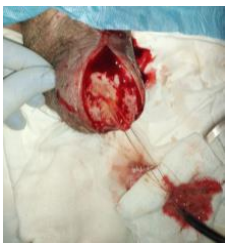


Photo No. 5 and No. 6 discharge of pus with the content of seminiferous tubules.

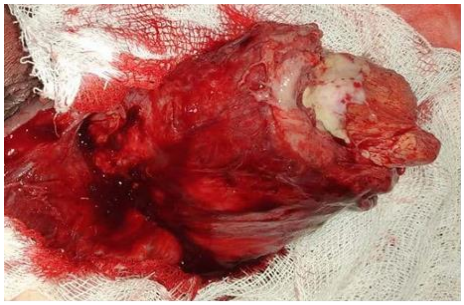

Photo No 7 Purulent fusion of the right testicle and its epididymis.

The patient had a risk factor for neurogenic bladder and residual urine. Since the patient did not

feel pain, he had lower paraplegia; he could not indicate the disease in time and consult a doctor. After going to the surgical department, he was placed with a urethral catheter for 10 days, which may aggravate the infection. In addition, after the detection of the disease, conservative therapy was carried out, and the surgical tactics were delayed, which adversely affected the patient's condition and prolonged the course of the disease.

Conclusion

Patients with acute epididymitis or epididymo-orchitis are considered urgent urologic patients and require hospital treatment. All patients with this pathology need to undergo a comprehensive examination and strongly recommend inpatient treatment.

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