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EXPERIENCE IN THE TREATMENT OF PATIENTS WITH ACUTE DISEASES OF THE SCROTUM

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Abstract

Inflammation of the testicles occurs from puberty and into adulthood and is caused by infections with bacteria or viruses (e.g. the mumps virus). Epididymitis, which is usually caused by bacteria, primarily affects older men with impaired bladder emptying, but also younger men when sexually transmitted germs occur.

Both the symptoms and the therapy are identical for both diseases, which is why they are described together below. If treated early with antibiotics and anti-inflammatory drugs, the prognosis is usually good. If therapy is delayed or an infection with the mumps virus can result in infertility.

Key words: *acute epididymitis, acute orchiepididymitis, acute urinary tract infection, prostate enlargement, treatment.*

Leading complaints

Severely painful swelling of the testicles and/or epididymis, reddened skin of the scrotum

If the infection is advanced, fever and chills

In the case of testicular inflammation: additional symptoms of the viral infection that causes it (e.g. swelling of the parotid gland in mumps)

With epididymitis: additional symptoms of a urinary tract infection such as pain when urinating and frequent urge to urinate.

Note: Testicular pain in children is rarely caused by testicular or epididymal inflammation; Especially if pain occurs suddenly, usually in the morning hours, there is a suspicion of twisting of the testicles (Testicular torsion), immediate surgical clarification is necessary.

When to go to the doctor's office

The next day at the symptoms mentioned if they gradually get worse. At once sudden onset or sudden worsening of pain high fever and chills (signs of blood poisoning)

Ejection of pus from the inflamed area or dark discoloration of the skin (signs of tissue damage)

Always in children and young adults. There may be a torsion of the testicles (Testicular torsion) which requires immediate surgery.

Development of disease

Inflammation of the testicles most often occurs when pathogens enter the testicles via the blood, be it as part of an infection with viruses such as Mumps, chickenpox or Pfeiffer's glandular fever or an infection with bacteria such as Salmonella. Testicular inflammation is feared in mumps (Mump sorchitis): It typically occurs about 5 days after the onset of the disease, but only affects boys or men after puberty, every fourth bilaterally and every tenth unilaterally.

Epididymitis occurs when bacteria from the urinary tract or prostate spread to the epididymis, for example in the event of an acute urinary tract infection. In younger men, sexually transmitted germs such as Chlamydia or gonorrhea pathogens (Gonorrhearesidual urinein which bacteria can easily multiply. The most common reason for this is prostate enlargement. As a result, those affected have to apply increased pressure when urinating, which causes the bacteria contained in the urine to be "pressed" into the epididymis via the vas deferens. will be.

Complications

If the pathogens encapsulate themselves, an abscess forms. If germs enter the bloodstream, there is a risk of Urosepsis. If the infection spreads further into the scrotum, in some cases Fournier gangrene develops, i.e. a life-threatening inflammation of the genitals and perineal area that threatens tissue death.

Diagnostic assurance

First, the doctor feels the testicles and epididymis and then examines them using ultrasound in order to rule out impending complications such as abscess formation at an early stage. He also tests the midstream urine for bacteria to detect an accompanying or causal urinary tract infection excluded.

In addition, the doctor determines inflammation levels in the blood such as: B. CRP. If mumps orchitis is suspected, he will have serological tests for mumps viruses and antibodies carried out.

Differential diagnoses. If there is severe testicular pain, the doctor must first rule out testicular torsion. A painless increase in the size of the scrotum occurs in hydrocele testis, varicocele and in testicular cancer< a i=7>.

Treatment

Antibiotics help against bacterial inflammation, while anti-inflammatory painkillers (NSAIDs) at the same time reduce the often considerable pain and have a decongestant effect. In young men with severe inflammation, doctors often prescribe cortisone to prevent infertility due to inflammatory and scarring closure of the two epididymal ducts.

In addition, bed rest, elevation of the testicles and cooling are recommended. If the pain is very severe, the doctor will inject a local anesthetic into the area around the spermatic cord. If the general condition is poor and there is a lack of care at home, the sick person will be admitted to the hospital, as antibiotics can be given via infusion and more intensive monitoring can be carried out in the clinic.

Is there a virus-related testicular inflammation, e.g. If you have mumps or chickenpox, for example, the same advice applies, but antibiotics don't help. Whether antivirals should be taken instead is judged differently. The administration of interferon, a substance that affects the immune system, has not shown a clear benefit in several studies.

If an abscess forms as the inflammation progresses, surgery is required. In the worst case, the testicle is removed (orchiectomy).

If there is a significant amount of residual urine in the bladder (residual urine determination), the doctor will place a on the patient under local anesthesia suprapubic catheter through the abdominal wall into the bladder to restore urine flow. This usually only affects older patients.

Follow-up monitoring. It is important that the urologist scans the testicles and epididymis at regular intervals and assesses them using ultrasound in order to detect abscess formation in good time. Signs that the inflammation is uncomplicated is a rapid decrease in temperature, swelling and pain.

The provision of surgical intervention – orchectomy and fixation of the contralateral testicle in case of testicular inversion, as well as the role of ultrasound diagnostics – remain relevant issues in the examination of patients with acute diseases of the scrotum.

The aim of the study was to demonstrate the experience and tactics of treating such patients.

The revision of the scrotum organs is performed according to the classical method. In patients with torsion, the suspension is first performed by a mini-scrototomy, if necessary, access is expanded. With epididymitis and testicular injury, complete removal of the gonad is performed initially. In patients with testicular inversion, it is not so easy to distinguish the color of the gonad: a sign that is often guided diagnostically. During the intervention, the affected gonad is fixed. It is not customary to fix the contralateral gonad in this clinic. The fact is that in 8

years of observation, the researchers did not encounter a single asynchronous gate from the contralateral side.

Conclusions:

- indications for surgical treatment of a patient diagnosed with acute scrotal disease are presented clinically, without additional research data, including ultrasound;
- orchiectomy is indicated only in the presence of total necrosis of the gonad, with elements of melting of the parenchyma;
- indications for fixation of the contralateral gonad have not been identified;
- Ultrasound of the scrotal organs is necessary only in the postoperative period to assess the prognosis of the affected gonad.

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