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Journal Article: **Gonococcal epididymo-orchitis in an octogenarian**

Epididymo-orchitis is an inflammatory condition of the epididymis and testicles that is most commonly caused by an ascending infection from the urinary tract. Even though younger men more frequently develop this disease secondary to sexually transmitted pathogens like chlamydia and gonorrhea, older patients with medical comorbidities are more likely to develop the condition from enteric gram-negative organisms such as *E coli*. Ahmad et al. (2020) describes a case of gonococcal epididymo-orchitis as an octogenarian or a patient aged between 80-89 yo, and highlights that although STI are uncommon in older adults, epididymo-orchitis can still occur in this population with atypical presentation. It emphasizes that clinicians should always keep this in a geriatric case differential diagnosis and work this issue up, including STIs, regardless of age. Risk factors for epididymo-orchitis in elderly patients include urinary tract deformities, bladder obstructions, urinary retention, catheterization, and chronic urinary tract infections. These conditions allow bacteria to ascend through the urinary tract and spread to the epididymis and testicle, resulting in inflammation, swelling and pain.

The findings in this article are consistent with my patients' clinical presentation from VA Outpatient urology. Mr. G.R. a 66 yo male with chronic urinary retention requiring clean intermittent catheterization and an extensive urologic surgical history, presented with a two-week history of unilateral testicular pain and tenderness. The urinalysis obtained shows significant pyuria, hematuria, leukocyte esterase and bacteriuria, suggesting UTI. Additionally, his comorbid conditions like DMtype 2, ESRD requiring hemodialysis, places him at increased risk for these complicated genitourinary infections. These factors support the diagnosis of left-sided epididymo-orchitis secondary to an ascending urinary tract infection, which aligns with the mechanisms described in the literature.

It is important to recognize and treat epididymo-orchitis early on as it can prevent complications such as abscess formation, chronic pain, infertility, or testicular atrophy. The accumulation of clinical presentation, physical examination findings, and lab testing such as urinalysis and urine culture makes up the diagnosis. Patients commonly present with unilateral testicular pain, swelling, and tenderness, often accompanied by urinary symptoms or laboratory evidence of infection. Management generally includes appropriate antibiotic therapy targeting the suspected pathogens, pain control, scrotal support, and treatment of the underlying urinary tract abnormality when present. In patients with significant comorbidities or structural urinary tract disease, close follow-up is recommended to ensure adequate resolution of symptoms and to reduce the risk of recurrent infection. In the case of Mr. G.R., prompt recognition of his symptoms and initiation of antibiotic therapy were important in addressing the likely infectious etiology and preventing further complications related to his complex genitourinary history.

Ahmad A, Kusz H. Gonococcal epididymo-orchitis in an octogenarian. J Community Hosp Intern Med Perspect. 2020 Aug 2;10(4):350-352. doi: 10.1080/20009666.2020.1774253. PMID: 32850096; PMCID: PMC7427432.