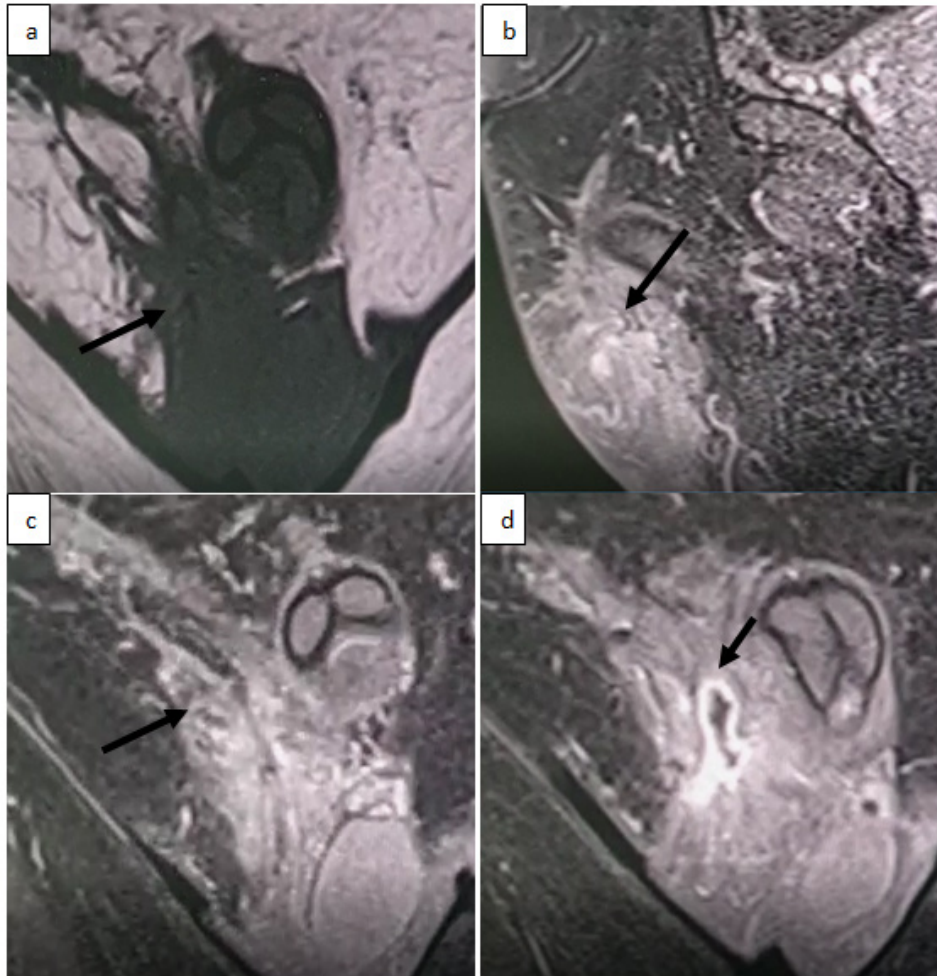


Clinical-Medical Image

## Recurrent Orchiepidyditis Complicated by Purulent Melting of the Testicle: Case Report

Jihane EL Houssni\*, Siham Oukassem, Nadia Boujida, Meryem Edderai and Tarik Salaheddine

Department of Radiology, Mohammed Vth Military Hospital, Ryad Street, 10010 Rabat, Morocco



**Figure 1:** Pelvic MRI: T1 coronal section (a) Diffuse hyposignal of the scrotal contents, tunics and spermatic cord. Injected sequences (coronal (b,c) and sagittal (d) sections): Showing purulent right testicular melting with communication with the scrotal envelopes (b) Associated with thickening and infiltration of the spermatic cord (c) Related to funiculitis and an inflammatory collection in the homolateral spermatic cord (d) Draining through a cutaneous sluice in the inguinal region.

### Clinical-Medical Image

A 40-year-old patient was operated on four times for complicated right orchiepidyditis. Pelvic MRI showed a loss of typical anatomical landmarks of the right epi didymo testicular with communication between the purulent contents of the testicular pulp and the scrotal tunics,

**Received:** 18 March 2023, Manuscript No. *ijcme-23-92225*; **Editor assigned:** 20 March 2023, Pre QC No. *P-92225*; **Reviewed:** 03 April 2023, QC No. *Q-92225*; **Revised:** 08 April 2023, Manuscript No. *R-92225*; **Published:** 15 April 2023, DOI:10.4172/2376-0249.1000886

\***Corresponding author:** Jihane EL Houssni, Department of Radiology, Mohammed Vth Military Hospital, Ryad Street, 10010 Rabat, Morocco; Tel: +212 609469480; E-mail: [elhousnijihane@gmail.com](mailto:elhousnijihane@gmail.com), [jalanhari994@gmail.com](mailto:jalanhari994@gmail.com)

**Citation:** Houssni JEL, Oukassem S, Boujida N, Edderai M and Salaheddine T. (2023) Recurrent Orchiepidyditis Complicated by Purulent Melting of the Testicle: Case Report. *Int J Clin Med Imaging* 10:886.

**Copyright:** © 2023 Houssni JEL, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

fusing at the level of the corpora cavernosa, associated with a thickening of the spermatic cord concerning a funiculitis and a collection of the cord of 14mm of anteroposterior diameter, in frank T2 hyper signal, enhancing in an annular necrotic way after injection of Gadolinium, presenting a communication sluice with the cutaneous tissue in the projection of the external peritoneal-vaginal canal.

Orchiepidydimitis is an inflammatory disease of the epididymis and ipsilateral testis [1]. It most often presents unilaterally [1]. It most often occurs as a result of a specific or non-specific urinary tract infection [1]. It can also be secondary to viral infections, trauma, autoimmune disorders, or even the use of amiodarone, diagnostic or surgical transurethral manipulations, surgery of the lower urinary tract, or being favored by urogenital malformations [1]. An orchiepidydimitis complicated by scrotal abscesses can be the cause of a purulent melting of the testicle which is a very rare complication with few cases reported in the literature [1].

In the setting of recurrent orchiepidydimitis, clinicians should be wary of a testicular abscess [2]. This may not be initially evident in routine imaging, emphasizing the value of additional modalities, such as MRI, especially when ultrasound evaluation is inconclusive or inconsistent with the clinical presentation [2].

Xanthogranulomatous orchiepidydimitis is a particular entity, it is a benign and rare pathology. It poses diagnostic, etiological and therapeutic problems. It presents itself in different aspects that make the diagnosis erroneous [3]. It was first described by Grumberg in 1926 [3]. It is a benign and rare pathology, representing only 2% of all orchiepidydimitis [3]. It occurs mainly in patients over 40 years of age and rarely in young adults [3]. It is also characterized by a constant evolution towards purulent melting of the testicle, leaving us no therapeutic choice but to perform excision surgery [3]. The positive diagnosis is essentially histological [3]. In our case, the anatomopathological examination was not in favor of xanthogranulomatous orchiepidydimitis.

Progression to purulent melting can also be seen in cases of overturning torsion, but it remains an exceptional complication [4].

Conservative treatment is not adequate in all cases, particularly in cases of orchiepidydimitis complicated by scrotal abscess, as it leads to the progression of the disease and may result in purulent destruction requiring orchiectomy [1]. On the other hand, the widespread use of surgery is not recommended in mild and moderate cases of orchiepidydimitis because medical treatment has a higher efficacy in these patients [1].

**Keywords:** Recurrent orchiepidydimitis; Purulent melting of the testicle; MRI

### Conflict of Interest

None of the authors has any conflicts of interests to disclose.

### References

- [1] Banyra O and Shulyak A. (2012). Acute epididymo-orchitis: Staging and treatment. *Turkish J Ophthalmol* 65:139.
- [2] Thibaut LD, Chiron P, Bourgoquin S, Hardy J and Deledalle FX, et al. (2022). Management of testicular torsion by an isolated general surgeon in Africa. *Trop Med Int Health* 2.
- [3] Fehily SR, Trubiano JA, McLean C, Teoh BW and Grummett JP, et al. (2015). Testicular loss following bacterial epididymo-orchitis: case report and literature review. *Can Urol Assoc J* 9:E148.
- [4] Hajri M, Amna MB, Derouich A, Ayed M and Zermani F, et al. (2001). Xanthogranulomatous orchitis. About seven cases. *Ann Urol* 35:237-239.