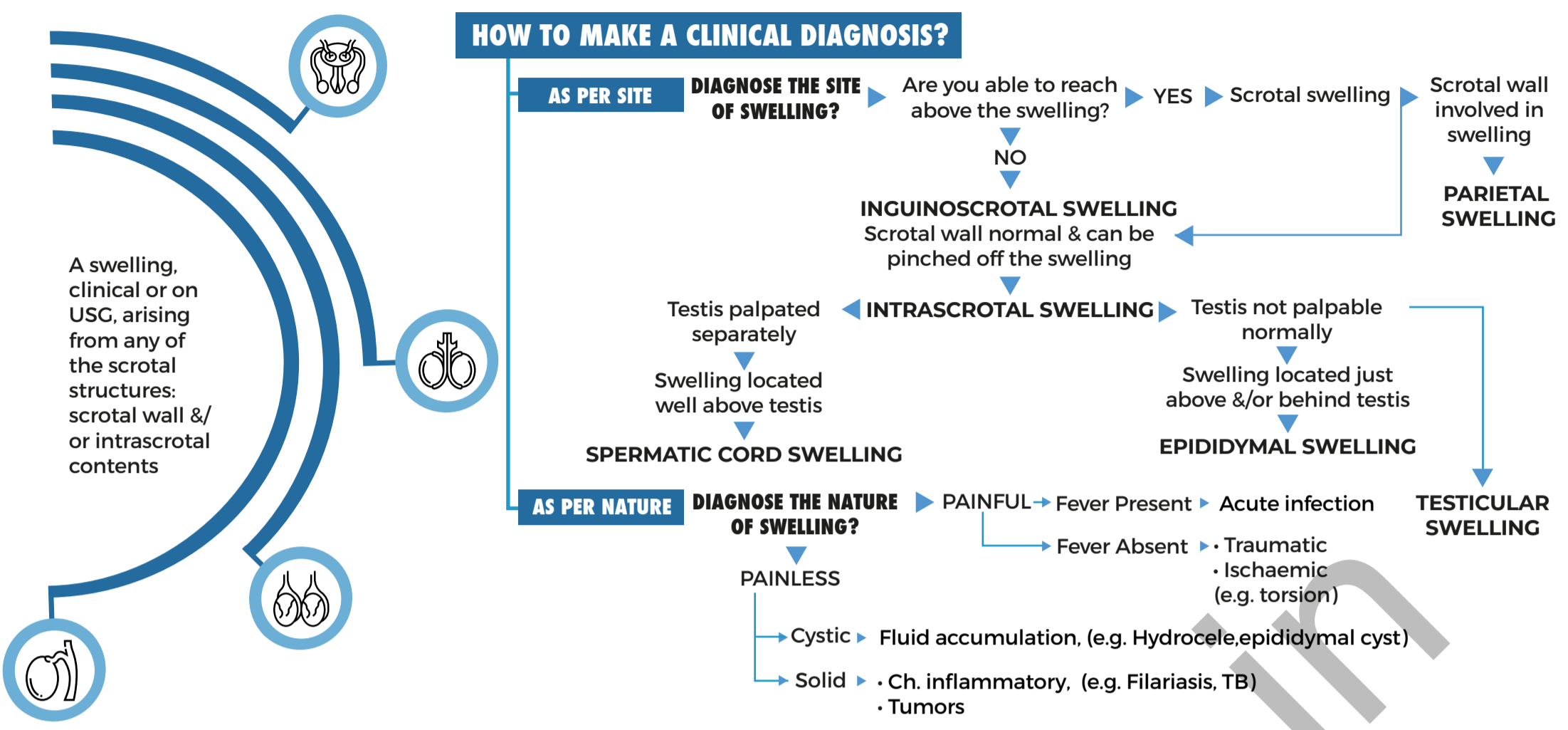




Standard Treatment Workflow (STW) for the Management of SCROTAL SWELLING

ICD-10-N50.89



MAKE A CINICAL DIAGNOSIS

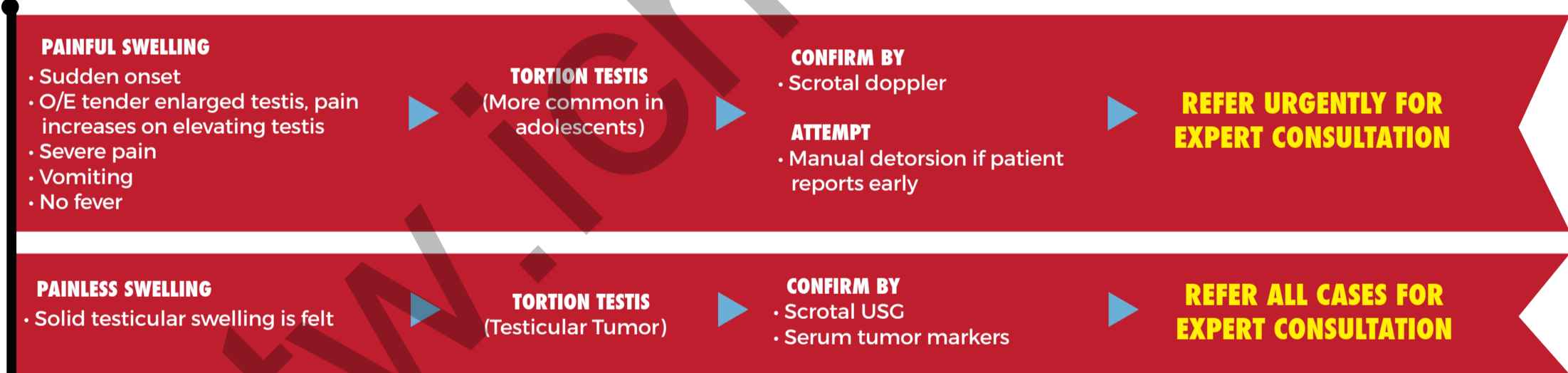
PARIETAL (SCROTAL WALL) SWELLINGS

	BILATERAL	UNILATERAL
Ac. Inflammation	• Cellulitis • Fournier gangrene	• Reactionary to epididymo-orchitis • Furuncle Abscess
Traumatic	Contusional	Blunt trauma
Ch. Inflammation	Filarial Elephantiasis	
Fluid Accumulation	• Edema in anasarca, IVC thrombosis • Urinary extravasation	Scrotal wall cysts
Neoplasm		Melanoma, Scrotal Carcinoma Dermatofibroma;

INTRASCROTAL SWELLINGS

	Testicular	Epididymal	Spermatic cord
Cystic	Hydrocele	• Epididymal cyst • Spermatocele	Varicocele
Solid	Painless • Testicular tumor	Painless • Ch. Filarial epididymitis • Ch. Tuberculous Epididymitis • Adenomatoid tumor	Painless • Lipoma cord
	Painful • Torsion testis • Orchitis	Painful • Ac. Epididymitis	Painful • Funiculitis

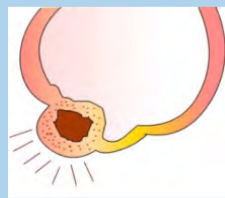



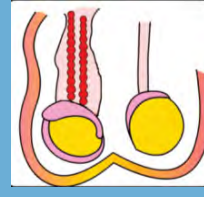
RED FLAG SIGNS



INVESTIGATIONS

SUSPECTING AC. INFLAM DISEASE		SUSPECTING CH. INFLAMMATORY DIS.		SUSPECTING TESTICULAR TUMOR		SUSPECTING TORSION		SUSPECTING VARICOCELE	
Essential	Desirable	Essential	Desirable	Essential	Desirable	Essential	Desirable	Essential	Desirable
• TLC/DLC	• Anti filarial antibody	• TLC/DLC	• Anti filarial Ab	• Beta hCG	• Scrotal USG	• TLC/DLC	• Scrotal doppler	• TLC/DLC	• Scrotal doppler
• Blood sugar		• ESR	• TB Gold test	• Alfa feto protein	• Abdomino-Pelvic CECT Scan				
			• Scrotal USG	• Serum LDH					

HOW TO TREAT COMMON CONDITIONS?

PARIETAL SWELLINGS	INTRASCROTAL SWELLINGS
<p>FURUNCLE/ABSCESS</p> <ul style="list-style-type: none"> • Broad Spectrum Antibiotic Amoxy + Clavulanic acid • Consider drainage if fluctuations+ or impending rupture REFER • If abscess appears part of underlying disease • Nonresponders • Immunocompromised patient 	<p>AC. EPIDIDYMO-ORCHITIS</p> <ul style="list-style-type: none"> • If patient had a urinary tract instrumentation or dysuria - suspect bacterial type, treat by - antibiotic and support REFER if no response in 48 hrs • Treat all other cases as filarial by - DEC 100 mg x TDS x20 days • Doxycycline 100 mg x BD x 20 days • Give anti inflammatory drugs to all 
<p>FILARIAL ELEPHANTIASIS</p> <ul style="list-style-type: none"> • DEC 100 mg TDS x 20 days • Doxycycline 100 mg BD x 20 days • Scrotal Elevation/support REFER • Non responders • Huge size 	<p>CHRONIC EPIDIDYMO-ORCHITIS</p> <ul style="list-style-type: none"> • Mostly filarial in origin but if - Patient has had H/O UTI or urethral catheterization, suspect bacterial • Patient has H/O TB, suspect tuberculosis • Treat by DEC 100 mg TDS + Doxycycline 100 mg BD for 20 days REFER if • No response to treatment • Epididymal abscess or local sinus discharging syrup like pus 
	<p>VARICOCELE</p> <ul style="list-style-type: none"> • Counsel for semen analysis (2-3 times) REFER if 'discrepancy in size of testis' and/or 'abnormal semen parameters present' • Rest all cases be given symptomatic treatment 

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (stw.icmr.org.in) for more information.
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