

Bilateral Testicular Abscess: An Exceptional Case Report

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Abstract

Bilateral testicular abscess is a purulent collection of the testicle. It is a rare affection, which usually occurs in immunocompromised patients. It can occur either by retrograde on the urogenital way or by hematogenous. Ultrasound is an excellent exam for diagnosis. Its treatment is based on a surgical drainage and appropriate antibiotic therapy. We report an exceptional case of a bilateral testicular abscess complicating an orchid-epididymitis associated with acute prostatitis.

Keywords: Testicular Abscesses; Antibiotic Therapy; Drainage

Introduction

The association of acute prostatitis with orchid-epididymitis is rare, which can occur in fragile, immunocompromised patients requiring monitoring and special management. Bilateral forms of testicular abscess are exceptional, only a few cases reported in the literature. We report the case of a bilateral testicular abscess complicating orchid-epididymitis associated with acute prostatitis.

Case Presentation

Mr. M.B, 85, with the history of diabetes, was admitted to the emergency room for acute urine retention with fever.

The initial examination shows a conscious patient, BP 110/70 mm Hg, Temperature 39°C with pelvic pain. Digital rectal examination highlighted a painful hot prostate.

The patient then benefited from urinary drainage through a suprapubic catheter.

The biological assessment showed a WC 14,000 elements/mm³, the predominance of which was 70% neutrophilic. C Reactive Protein (CRP) was 213 mg/L. The cytobacteriological study of the urine revealed an Escherichia coli, the patient is put on antibiotic therapy initially with ciprofloxacin then adapted to the antibiogram with good clinical and biological improvement; after 5 days, leukocytes were 8000 elements/mm³, CRP 96 at mg/L. In addition, the rest of the assessment had shown end-stage renal failure on polycystic kidney disease.

Fifteen days later, the patient presented a large acute painful bursa, with rise in inflammatory parameters, GB to 12700 elements and CRP to 120 mg/ml. A testicular ultrasound is then performed, showing a bilateral orchid-epididymitis complicated by bilateral epididymal and testicular abscesses (Figure 1 and 2).

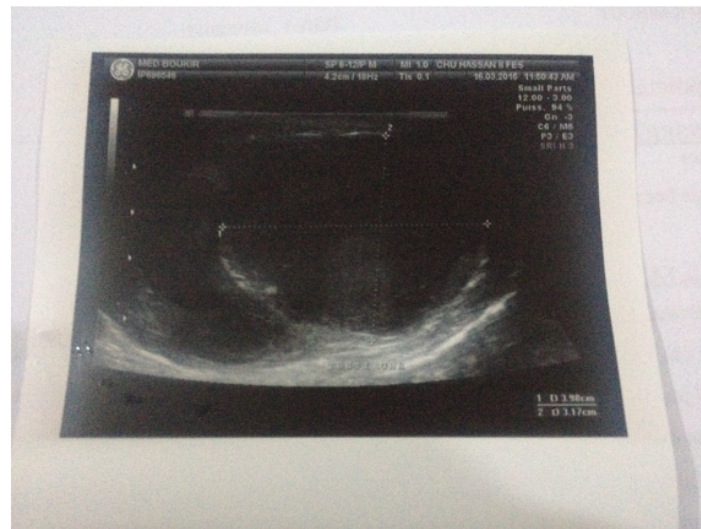


Figure 1: Ultrasound of the right testicle showing testicular abscess.

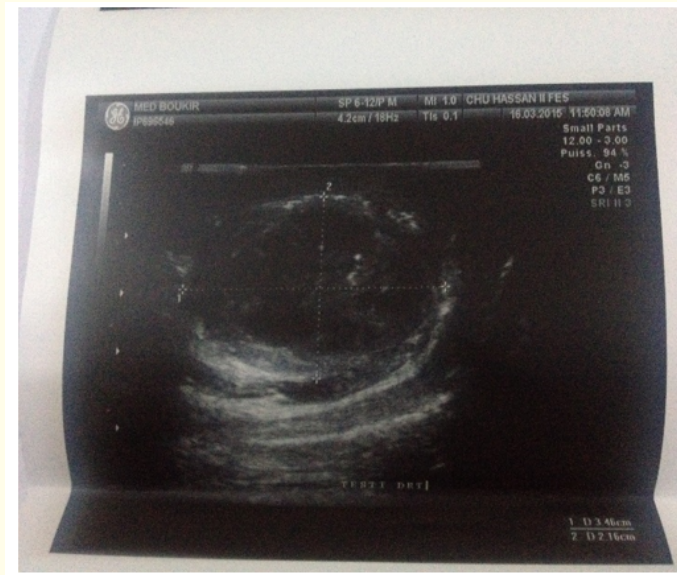


Figure 2: Ultrasound of the left testicle showing testicular abscess.

We underwent a surgical exploration who shows a destruction of both testicular parenchyma, we hence performed of a bilateral orchidectomy (Figure 3).



Figure 3: Preoperative image of purulent testicular cast iron.

Histological examination confirms the abscess with no signs of malignancy.

Discussion

Testicular abscess is a rare pathology, complicating orchid epididymitis [1]. The association with prostatitis is even more rare occurring in the immunocompromised patient [2] as it was the case in our patient (diabetes, renal failure). The most common germs are gram negative bacilli, mainly *Escherichia coli*. Testicular abscess can occur either hematogenous or retrograde on the urogenital tract [3]; the retrograde route is probably the source in our patient. Clinical examination is often poor due to scrotal pain. Testicular ultrasound is an excellent means for the diagnosis of testicular abscess by showing, as in our case collections with echogenic content which may contain air bubbles within the testicular parenchyma [4]. Biological inflammatory syndrome is often marked as in our case [5].

The sanction is surgical once the diagnosis is confirmed and consists of drainage of the abscess [1]. We performed a bilateral orchidectomy.

Conclusion

Bilateral testicular abscess is exceptional, only a few rare cases reported in the literature most often complicating an orchid-epididymitis, the association with prostatitis must raise fears of a particular field; often these are immunocompromised subjects whose treatment must combine appropriate and prolonged antibiotic therapy and surgical drainage with close monitoring, in particular of the lumbar fosses, the prostate and the external genital organs.

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