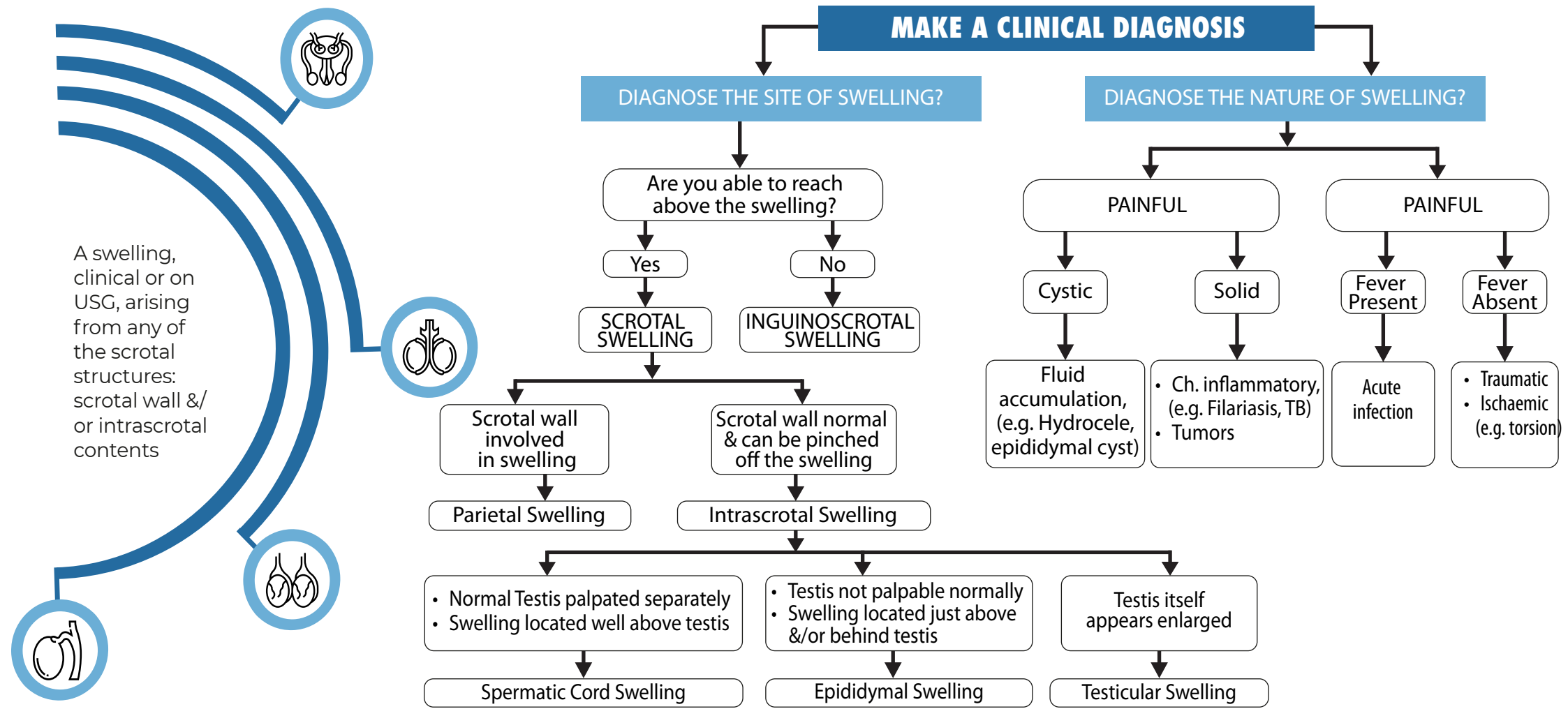




Standard Treatment Workflow (STW) SCROTAL SWELLING ICD-11-N50.89



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 • Spermatocoele	Varicocele
Solid	Painless • Testicular tumor Painful • Torsion testis • Orchitis	Painless • Ch. Filarial epididymitis • Ch. Tuberculous Epididymitis • Adenomatoid tumor Painful • Ac. Epididymitis	Painless • Lipoma cord Painful • Funiculitis

RED FLAG SIGNS

PAINFUL SWELLING

- Sudden onset-Severe pain, Vomiting
- O/E tender enlarged testis, pain increases on elevating testis
- No fever

TORSION TESTIS

(More common in adolescents)

CONFIRM BY

- Scrotal doppler
- To save testis, surgery should be done within six hours

REFER URGENTLY FOR EXPERT CONSULTATION

PAINLESS SWELLING

- Solid testicular swelling is felt

TESTICULAR TUMOR

CONFIRM BY

- Scrotal USG
- Serum tumor markers

REFER ALL CASES FOR EXPERT CONSULTATION

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		• Alfa feto protein	• Abdomino - Pelvic CECT Scan				
		• Scortal USG		• Serum LDH					

HOW TO TREAT COMMON CONDITIONS?

PARIETAL SWELLINGS

FURUNCLE/ABSCESS PHC/CHC level

- Broad Spectrum Antibiotic Amoxy + Clavulinic acid
- Consider drainage if fluctuations+ or impending rupture

District Hospital

- If abscess appears part of underlying disease
- Nonresponders
- Immunocompromised patient

FILARIAL ELEPHANTIASIS PHC/CHC level

- DEC 100 mg TDS x 20 days
- Doxycycline 100 mg BD x 20 days
- Scrotal Elevation/support

District Hospital

- Non responders
- Huge size

INTRASCROTAL SWELLINGS

AC. EPIDIDYMO-ORCHITIS PHC/CHC level

- If patient had a urinary tract instrumentation or dysuria - suspect bacterial type, treat by - antibiotic and support
- If no response in 48 hrs
- Treat all other cases as filarial by - DEC 100 mg x TDS x20 days and doxycycline 100 mg x BD x 20 days
- Give anti inflammatory drugs to all

District Hospital

- Non responders

HYDROCELE

PHC/CHC level

- Small size - no treatment
- Aspiration can be performed under aseptic precautions in select cases
- Moderate to large -Do hydrocelectomy
- If not trained to do the surgery

CHRONIC EPIDIDYMO-ORCHITIS PHC/CHC level

- 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

District Hospital

- No response to treatment
- Epididymal abscess or local sinus discharging syrup like pus

VARICOCELE

PHC/CHC level

- Counsel for semen analysis (2-3 times)
- If 'discrepancy in size of testis' and/or 'abnormal semen parameters present' and/or persistent pain & swelling
- Rest all cases be given symptomatic treatment

REFERENCES

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ABBREVIATIONS

DEC: Diethyl Carbamazine Citrate



KEEP A HIGH THRESHOLD FOR INVASIVE TESTS AND 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 the website of DHR for more information: <https://dhr.gov.in/> © Department of Health Research, Ministry of Health & Family Welfare, Government of India.