Slide 1: Hello everyone my name is Brandon Karjo, this is my week 7 PowerPoint, and today we will be taking about epididymitis.

Slide 2: so, what is epididymitis? Acute epididymitis is a clinical syndrome causing pain, swelling, and inflammation of the epididymis and lasting less than 6-weeks. When it involves having a testicle involved, they refer it to epididymo-orchitis. Typically caused by an STI. Organisms involved include C. trachomatis, N. gonorrhoeae, M. genitalium, and sometimes E. coli. Acute epididymitis that is caused by an STI is usually followed by urethritis in which is asymptomatic. As mentioned by the U.S department of health and human services Centers for disease and control and prevention, 2021.

Slide 3: incidence and prevalence. Incidence: Epididymitis is estimated that around 1 in 1,000 men annually will be affected. There are about 600,000 cases reported yearly. Can occur at any age, but typically affects men ages 20-39, and are most often associated with an STI. Chlamydia trachomatis and Neisseria gonorrhea account for 50% of the cases in men younger then 39 years old. According to Rupp & Leslie, 2023.

Slide 4: disease pathophysiology. Most often occurs from a result of a bacterial infection. In the case of an STI: the bacteria are introduced during intercourse and migrate through the GU tract to the epididymis. In cases of UTI's: the retrograde flow of urine or stagnation of urine along the GU tract results in the infection of the epididymis. According to Rupp & Leslie, 2023.

Slide 5: clinical presentations. Clinical presentations for epididymitis include pain in your scrotum, that can radiate to your groin. Can affect one or both sides, in some cases mild to severe, swollen testicles, fever, chills, dysuria, and blood in your semen, there can be discharge at times as well as stated by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention 2021

Slide 6: Applicability in the primary care setting.

Slide 7: sexually transmitted infections treatment guidelines of 2021. Organization of article: U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Year of publication: 2021. There have been no revisions. Applicability: good for primary care settings that allows providers know the typical presentations, causes, bacteria associated with it, diagnostic testing, and treatment methods.

Slide 8: applicability in the primary care setting. Conduct your initial assessment from the patient. Collect the past medical history and complete a physical exam. Differential diagnosis: Hydrocele, scrotal trauma, spermatocele, UTI, orchitis. Physical exam: Tenderness to palpation, swelling of the scrotum, or inflammation. Erythema of the affected area, elevating the scrotum may reduce pain, known as the Prehn sign. Labs: Blood to check for signs of infection. UA: to assess for bacteria. Swab: presence of an STI, and an ultrasound to help diagnosis. Start initial treatment and refer to a Urologist.

Slide 9: Guideline statement: Initial evaluation. Patient presents with pain in his scrotum. Use history and physical exam to conduct your initial assessment. Check labs, UA, and imaging. All