



25. Simpozij infektologa Bosne i Hercegovine s međunarodnim sudjelovanjem

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16. Poster prezentacija

TESTICULAR INVOLVEMENT IN BRUCELLOSIS - A STUDY OF 34 CASES

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Objective: to present some demographic, epidemiological, clinical and laboratory characteristics in patients with brucellar orchitis/epididymitis.

Materials and methods: A retrospective analysis of medical records and follow-up protocols of 34 patients with brucellar orchitis/epididymitis have been done. All of the patients have been diagnosed and treated at the University Clinic for Infectious Diseases and Febrile Conditions in Skopje, during the period from 1989 to 2011. The diagnosis of brucellosis was made on the basis of compatible clinical signs and symptoms in the presence of positive serological tests. Orchitis and epididymitis were diagnosed by the presence of swelling and tenderness of the testis and/or epididymis, with or without other inflammatory signs. All patients underwent standard diagnostic protocol, comprising of detailed history, physical examination and laboratory analysis, as well as suitable treatment with various antimicrobial combinations composed of two or three antimicrobials with the duration of at least 45 days.

Results: Testicular involvement was noted in 34 out of 1174 (2.9%) male patients with brucellosis. The median age of these patients was 46.5, range 15-77 years. Twenty five of them (73.5%) acquired the illness due to direct contact with infected animals. The illness duration prior to diagnosis was median 30, range 3-360 days. The most frequent symptoms were fever in 32 (94.1%), sweating in 31 (91.2%), and arthralgias in 30 (88.2%) patients. Testicular involvement as the only manifestation of the disease was present in 3 (9%) patients. Epididymo-orchitis, orchitis and epididymitis were found in 26, 7 and 1 patients respectively. Simultaneous osteoarticular involvement was present in 23 (67.6%) patients. The duration of testicular manifestations was median 10, range 7-21 days. Relapses were detected in 8 (23.5%) patients; still 5 of them had concomitant osteoarticular affection.

Conclusion: Brucellosis should be included in the differential diagnosis of testicular affection in endemic countries, especially in the presence of contact with infected animals or ingestion of unpasteurized food products, fever, sweating and arthralgias.