

Case Report

Non-Ionic Contrast Induced Epididymitis

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Accepted July 1st, 2015

ABSTRACT

Acute epididymitis is an infectious disease by testicular pain and painful swelling. Bacterial infections are the most common reasons for epididymitis. The other rare causes of traumatic epididymitis are obstructive and vasculitic diseases. When the epididymitis is not developing due to infection, it should be good to determine and not take unnecessary antibiotic treatment. In our study, we have experienced a case of epididymitis due to the non-ionic contrast medium after coronary angiography. In the literature we have seen no acute epididymitis case with respect to the percutaneous coronary intervention, depending on the contrast media application.

Key words: Epididymitis, Edema, Coronary Artery, non-ionic.

INTRODUCTION

Acute epididymitis is an infectious disease that is characterized by testicular pain and painful swelling of the epididymis. Symptoms usually occur one-sided and emerge within a few days. It should be distinguished from the chronic epididymitis that is observed generally without epididymal edema and leads to continuous testicular pain. Unless the story is less than 6 weeks in clinical studies, acute epididymitis cannot be diagnosed. Even though some of them are observed rarely, there is a very large active group in the etiology of acute epididymitis. The epidemiology of the acute epididymitis has not yet been known. According to a study performed in the USA, it has been detected that epididymitis was diagnosed in men who were younger than the age of 18 at 1/350 ratio (%0.29). [1].

Acute scrotum is known as a urological intervention and it can lead to scrotal pain and epididymitis. However, these complications can also emerge due to other reasons such as testicular torsion that is known as a surgical intervention. Bacterial infections are the most common reasons for the epididymitis development whereas systemic tuberculosis and infectious agents that are sexually transmitted are the other causes for this disease [2]. Besides, traumatic, obstructive and vasculitic diseases can be the other rare reasons for epididymitis [3]. If the epididymitis does not develop due to infections, it should be determined well in order not to initiate unnecessary antibiotic treatment.

In our study, we reported a case that experienced epididymitis due to the non-ionic contrast agent administration after the coronary angiography. In the literature, we have not seen an acute epididymitis case with respect to the percutaneous coronary intervention depending on the contrast media use.

CASE REPORT

The patient (47 years old) experienced the coronary artery disease along with unstable angina pectoris. He did not have diabetes mellitus, hypertension and any other systemic disease. He had been smoking for 20 years. The patient had the coronary angiography 3 years ago and iodide derivative contrast medium was previously used. The drugs she used after the operation was 1x100 mg Aselytsalisilik acid, 75 mg 1x1 Clopidogrel Bisulfate and 40 mg 1x1 Atorvastatin.

Only 400 cc Iopromid containing almost 300 mg/mL iodide (Ultravist 300, Schering AG, Germany) was used during the coronary angiography and left ventriculography. This contrast medium was non-ionic and low osmolar solution. He had the full narrowing of the LAD diagonal artery but according to the results of the coronary angiogram, coronary arteries were normal. Therefore, coronary angiography was performed and LAD was opened. The patient had the pain and he was admitted to the hospital with edema and tenderness of the right testis. The right scrotal pain and edema continued for two days. The patient did not exert any urethral discharge, disuria and suspicious sexual contact.

There was no other interesting finding according to his examination. He did not have leukocytosis and he had high sensitive C-reactive protein (37,6 mg/L). 15 HPF leukocytes were detected in the urine analysis. There was no growing in the urine culture. Brucella agglutination test was negative. The body temperature of the patient was 38.20C, his heart rate was 72 bpm and his blood pressure was 130/80 mm Hg. The right testicle was swollen, with edema and painful in the urogenital examination. There was no abnormality in the genital anatomy, fever as well as scrotal hyperemia. Also there was no testicular, penile or urethral me abnormality. Besides, no testicular, penile or urethral abnormality was observed.

The findings of the Scrotal Doppler Ultrasonography were: the sizes of the tail and the body part of the right epididymis have increased, its parenchyma was heterogeneous with echo structure and there was an increment in the vascularization. There was a anechoic cystic lesion with 7 mm diameter in the head of the right epididymis and there was an epididymal edema. The left epididymis was with normal size and echo structure. There was no finding compatible with hydrocele and varicocele.

DISCUSSION

Infections, which develop due to gram negative bacteria, are generally the reason for the epididymitis. However, mycobacterium tuberculosis and sexually transmitted diseases can also lead to this disease [4]. Except these infectious agents, some other complications can also be the reason for epididymitis. These diseases can be trauma, drug use, obstructive pathology and Behcet's disease.

Different from the patients in the pediatric age, the therapy should be finalized or the dose of the drug should be decreased in adult patients [5]. The slow absorption of the drug (between 25 to 110 days) is the determinant for the symptoms to be passed between 10 days to 3 months [4].

It has been reported that there are epididymis cases related to the iopromide, aselytsalisilik acid, clopidogrel bisulfate, atorvastatin use. Even though the Iopromid started the epididymitis and the painkiller drug use led to the pain relief, our case was different and interesting. In accordance with the literature, the permanently drug use was interesting in the treatment of the Iopromid induced epididymitis.

The development of the epididymis after the last percutaneous coronary intervention, but not after the coronary angiography three years ago can be due to the non-ionic contrast agent use more than 400 cc during the last operation. All in all, doctors should know that iodine based contrast agents can induce the epididymitis even though this complication is observed rarely and the contrast agent is non-ionic and low-osmolar.

References

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