

# Epididymo-orchitis Secondary to Colovesical Fistula

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**Introduction:** Acute epididymo-orchitis is a common cause of scrotal pain in adults. It is most often caused by a retrograde spread of cystitis into the epididymis and testicles via the vas deferens. Epididymo-orchitis is most often seen in older patients with prostate hypertrophy with increased post residual urine volume. In younger patients it may result as a consequence of sexual practices. We present a unique case of epididymo-orchitis secondary to colovesical fistula caused by chronic diverticulitis.

**Case Report:** A middle aged male presented with subacute left testicular pain, back pain, and pneumaturia. Pertinent medical history included type II diabetes, obesity and multiple prior incidences of diverticulitis. Physical exam revealed a soft abdomen without tenderness, normal bowel sounds, and left scrotal swelling. CBC demonstrated neutrophilia with left shift. Urinalysis was urine nitrite positive, urine esterase 1+, WBC too numerous to count, and urine bacteria many. Urine culture was greater than 100,000 col/mL E.coli. CT abdomen and pelvis demonstrated sigmoid diverticulitis, left sided bladder wall thickening, urinary bladder gas and a colovesical fistula. Scrotal US findings were consistent with epididymo-orchitis. Cystoscopy confirmed the presence of the fistula. The patient was admitted and underwent a two week course of augmentin, which resulted in pain and swelling resolution. The patient underwent robotic assisted sigmoidectomy and takedown of the colovesical fistula. The patient was subsequently discharged and was doing well at one month's follow up.

**Conclusion:** We present a unique case of epididymo-orchitis and its medical and surgical management.