

Orchialgia

What is orchialgia?

Orchialgia (pronounced or-kee-AL-gee-ah), also known as chronic testicular pain or chronic scrotal contents pain, is persistent pain in the scrotum with no easily identifiable cause. It can come on suddenly with severe pain, or it may be chronic — lasting more than three months — and come on gradually.

What causes it?

Orchialgia is challenging to diagnose and treat because a cause can be difficult to identify. Orchialgia may develop spontaneously or due to the following:

- › Infection — sexually transmitted diseases or urinary tract infections.
- › Trauma.
- › Inflammation or surgery (such as vasectomy or hernia repair).

What are the symptoms?

By definition, symptoms last more than three months and the pain significantly interferes with daily activities.

The pain may originate in the scrotum or be referred there from a source elsewhere, including kidney stones, pelvic pain or a spinal problem that traps or inflames nerves.

How is it diagnosed?

Your doctor will begin with a physical exam. Other tests depend on the type of pain and your medical history. These tests might include:

- › Sexually transmitted infection screening.
- › Urine test.
- › Ultrasound — to rule out other pathology.

How is it treated?

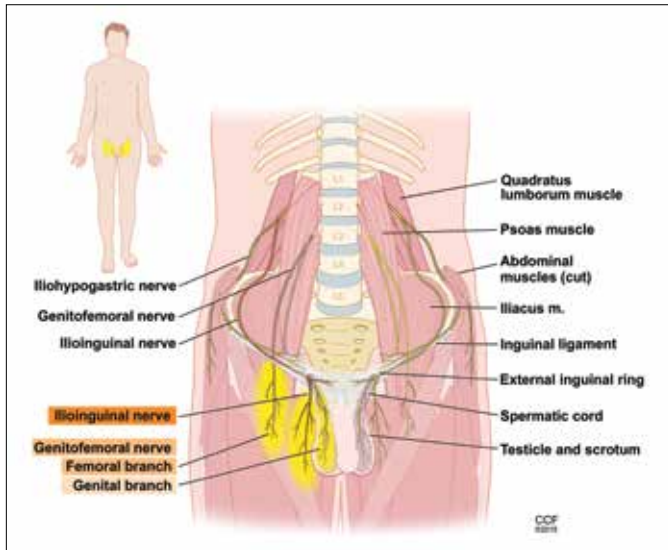
Once your doctor has ruled out other conditions that might be causing your testicular pain, the next step is medical intervention. Conservative non-surgical measures are generally tried for at least three months and can include:

- › Rest.
- › Applying heat.
- › Wearing tight-fitting underwear.
- › Taking oral anti-inflammatory medications (ibuprofen).
- › Avoiding lifting heavy objects.

It might take several weeks for the ache to disappear.

Pain due to spasm of the muscles of the pelvic floor can be treated with physical therapy, while antibiotics are needed to treat a bacterial infection.

If pain persists, an important diagnostic test to determine whether a urologist can help is to inject local anesthetic into the spermatic cord (the structure carrying the vas, nerves, blood vessels and lymphatics to the testicle). This temporary “cord block” should anesthetize the genital branch of the genitofemoral nerve (see diagram below) and inguinal



branches of the ilioinguinal nerve. If a cord block doesn't eliminate the pain, it is best to pursue further treatment with a pain management physician.

Surgery

If a cord block relieves the pain, microsurgical cord denervation is a more permanent surgical option. In this outpatient procedure, the cord is exposed and the nerve-containing structures are cut while the blood and lymphatic supply are maintained. Possible complications include fluid accumulation around the testicle and loss of the testicle if the blood supply is not preserved.

Microsurgical cord denervation provides long-term pain relief in more than 80 percent of patients who have:

- › Chronic pain lasting more than three months.
- › Failed other medical interventions and therapies.
- › Received temporary relief with a cord block.

To learn more, visit clevelandclinic.org/urology.

To schedule an appointment, call the Glickman Urological & Kidney Institute appointment line at [216.444.5600](tel:216.444.5600) or [800.223.2273](tel:800.223.2273), extension [45600](tel:45600).