

## BRUCELLA EPIDIDYMOORCHITIS: A Report of Two Cases

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✓ Two brothers with Brucella epididymoorchitis is discussed in terms of diagnosis and treatment of the disease, and, results obtained are compared with the literature.  
**Key words:** *Brucellosis, epididymoorchitis*

✓ **İki Olgu Nedeniyle Brucella Epididymoorsiti**  
Brucella epididymoorsit tanısı konulan iki kardeş hasta sunularak ilgili literatür sonuçlarıyla tanı ve tedavi açısından tartışıldı.  
**Anahtar kelimeler:** *Brucella, epididymoorsit*

### INTRODUCTION

Genitourinary involvement in Brucellosis has been reported to occur in 2-40 percent of cases<sup>(1)</sup>. Whereas, epididymoorchitis was found in 2-14%<sup>(2,3)</sup>. We report two cases of Brucella epididymoorchitis seen in two brothers, who deal with farming, and admitted to our department with one month interval.

#### Case I:

Twenty year old male patient was admitted to our Urology clinic with complaints of fever, chills, thrilling and tender swelling in his left hemi-scrotum for three days. In the physical examination left hemi-scrotum was found to be tender with a size of 10x7 cm. In the scrotal ultrasonography, homogeneous pattern compatible with diffuse epididymoorchitis was determined in the left testis. Rose Bengal test was positive and Brucella tube agglutination test was positive at 1/640. Brucella melitensis was isolated in the blood culture. Doxycycline (200 mg/day) and rifampicin (900mg/day) were administered

for six weeks for treatment.

#### Case II:

The 23 years old brother of the patient described above was admitted to the Urology clinic with complaints of fever, chills, thrilling, joint pain and painful swelling in his left hemi-scrotum with a duration of two months. In the physical examination, left testis size was found as 9x6 cm. Left sacroiliac joint involvement was determined in radiological examinations. In the scrotal ultrasonography, as in the first case, homogeneous pattern compatible with diffuse epididymoorchitis was found in the left testis. Rose Bengal test was positive and Brucella tube agglutination test was positive at 1/640. Brucella melitensis was isolated in the blood culture for this case also. The same treatment protocol was administered to this patient, two patients completely recovered in six months.

### DISCUSSION

Brucellosis is frequently seen among people consuming unpasteurized dairy

products. It is also observed less frequently among the veterinarians, laboratory staff, abattoir employees and farmers<sup>(1)</sup>.

Differential diagnosis of epididymoorchitis due to various etiologies and testis tumors is difficult. Brucella epididymoorchitis should be thought in the differential diagnosis of epididymoorchitis in enzootic areas of Brucellosis in the patients complaining from fever, pain and swelling in the scrotum without dysuria. Diagnosis can be possible with Rose Bengal test, Brucella agglutination test and isolation of the responsible organism in the blood culture. It is reported that isolating the microorganism from the bone marrow culture is easier than that of blood culture<sup>(1)</sup>. Excellent results can be obtained by doxycycline and rifampicin therapy<sup>(4, 5)</sup>.

#### CONCLUSION

In conclusion, in areas where Brucellosis is enzootic, Brucella must be considered in the differential diagnosis of epididymoorchitis. We think, transmission of this disease may be reduced with taking more care on cultural habits like consuming unpasteurised diary products.

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