

Shelve routine use of costly silver wound dressings, says DTB

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Urologists are failing to pick up and treat *Chlamydia* infection in young men, say UK researchers in a letter published ahead of print in the journal *Sexually Transmitted Infections*.

Yet [Chlamydia trachomatis](#) is the most commonly reported sexually transmitted infection in Europe and the commonest cause of [inflammation](#) of the testicle and the epididymis (involved in sperm manufacture), a condition known as epididymo-orchitis.

If chlamydial infection goes untreated, it can cause [infertility](#).

Many cases of epididymo-orchitis are referred to urologists because the symptoms mimic testicular torsion, in which the spermatic cord is twisted, cutting off the [blood supply](#) to the testicle, say the authors.

But once correctly diagnosed, many young men still remain under the care of an urologist.

Yet despite clear guidelines on how to manage this condition to ensure that the infection is promptly treated, many urologists are simply ignoring the recommendations, which have been in existence for more than a decade, say the authors.

They base their findings on a survey of urology departments in five teaching hospitals in different regions of the UK, where young men with epididymo-orchitis were treated over a period of 18 months.

During this time, 204 cases were diagnosed in men under the age of 35, but in only 7% of cases (15) were first morning (void) urine or urethral samples sent for testing, as recommended. Most of these (11) tested positive for *Chlamydia*.

Mid-stream urine samples, which are less conclusive, were sent in 103 cases, but only 11 requests were made to test for *Chlamydia*, none of which tested positive.

In all, the source of the infection was picked up in only one in 10 cases.

When it came to treatment, the guidance was also largely ignored. [Ciprofloxacin](#) was prescribed in 44% of cases, despite increasing evidence of chlamydial resistance to this antibiotic.

And in almost one in three cases the course was for less than the two weeks recommended in the clinical guidelines.

A follow up appointment was made for only just over half of patients, and fewer than one in four men were instructed to attend a sexual health (GUM) clinic, as recommended.

Despite informal education updates, when the audit was repeated in two of the five centres, there was little sign of any improvement, say the authors.

"We feel this confirmed that urologists remain poor at managing epididymo-orchitis in sexually active young men, and are therefore almost certainly failing to diagnose many cases of [Chlamydia](#) and other [sexually transmitted infections](#) in exactly the group both most at risk and most likely to have multiple partners," conclude the authors.

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