

# Epididymitis

This is a PDF version of the following document:

Module 1: [STD Question Bank](#)

Lesson 7: [Epididymitis](#)

You can always find the most up-to-date version of this document at  
<https://www.std.uw.edu/go/2021-guidelines/epididymitis/core-concept/all>.

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## Table 1. 2021 STI Treatment Guidelines: Epididymitis Treatment of Epididymitis

### Recommended for acute epididymitis most likely caused by chlamydia or gonorrhea

<b>Ceftriaxone</b> <i>500 mg* IM in a single dose for persons weighing &lt;150 kg</i>	+	<b>Doxycycline</b> <i>100 mg orally 2 times/day for 10 days</i>
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Note: \*For persons weighing  $\geq 150$  kg, ceftriaxone 1 g IM should be administered.

### Recommended for acute epididymitis most likely caused by chlamydia, gonorrhea, or enteric organisms (men who practice insertive anal sex)

<b>Ceftriaxone</b> <i>500 mg* IM in a single dose for persons weighing &lt;150 kg</i>	+	<b>Levofloxacin</b> <i>500 mg orally once daily for 10 days</i>
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Note: \*For persons weighing  $\geq 150$  kg, ceftriaxone 1 g IM should be administered.

### Recommended for acute epididymitis most likely caused by enteric organisms only

**Levofloxacin**  
*500 mg orally once daily for 10 days*

Source: Workowski KA, Bachmann LH, Chan PA, et al. Sexually transmitted infections treatment guidelines, 2021. Epididymitis. MMWR Recomm Rep. 2021;70(No. RR-4):1-187. [[2021 STI Treatment Guidelines](#)]

