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.

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

Recommended for acute epididymitis most likely caused by chlamydia or gonorrhea

Ceftriaxone *500 mg* IM in a single dose for persons weighing <150 kg*	+	**Doxycycline** *100 mg orally 2 times/day for 10 days*

Note: *For persons weighing ≥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)

Ceftriaxone *500 mg* IM in a single dose for persons weighing <150 kg*	+	**Levofloxacin** *500 mg orally once daily for 10 days*

Note: *For persons weighing ≥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]