

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](#)]

