Table1

The underlying pathology, classic presentation and management plan for most common diagnoses of testicular lumps

Condition	Underlying pathology	Classic presentation	Management
Varicocele	Dilatation of pampiniform venous plexus and internal spermatic cord	15-25 year old presents asymptomatically or with a dragging sensation or infertility. Classic 'bag of worms' on palpation, may resolve on lying flat, non-tender	Reassurance – no treatment required, unlikely to cause symptoms/complications
Testicular tumour	> 95% germ cell tumours	20-40 year old presents with painless, unilateral scrotal mass	Two-week wait referral to urologist
Hydrocele	Fluid collection between parietal and visceral layers of tunica vaginalis	Any age Fluid-filled lump, firm or soft depending on volume, unable to palpate testis separately, transilluminates brilliantly	Ultrasound (urgent if 20-40 year old, unable to palpate testis fully) Assuming testicular cancer excluded: Reassurance If symptomatic/large/troubling to patient – consider routine referral to urologist
Spermatocele/ epididymal cyst	Dilatation of tubules in epididymis	Middle age Non-tender, well circumscribed soft mass near epididymis, testis palpable separately, transilluminable	Ultrasound Reassurance If symptomatic/large/troubling to patient – consider routine referral to urologist
Inguinal hernia	Protrusion of bowel or omentum through external spermatic ring	Increasing incidence with age Long-standing pain and swelling in groin. Reducible mass in groin, unable to get above it, non-transilluminable, cough impulse	Assuming no signs of incarceration/strangulation: Referral to general surgeon; urgent if symptomatic or partially reducible, routine if asymptomatic
Epididymo-orchitis	Inflammation of the epididymis ± testis	Age 16-30 or 51-70 Swollen, tender testis and epididymis May see erythema or reactive hydrocele	Assuming no signs of torsion/not systematically unwell: If STI likely cause – ceftriaxone IM 500 mg + doxycycline for 2 weeks + refer to GUM clinic If more likely UTI related – ciprofloxacin for 2 weeks + routine urology referral Follow up patient to ensure resolution of symptoms