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Amiodarone Induced Epididymitis: A Case Report

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Abstract

Amiodarone is a benzofuran derivative with predominantly class III antiarrhythmic activity that is widely used in refractory ventricular arrhythmias and atrial fibrillation in our daily clinical practice. Epididymitis may be found as a unusual but existing complication of amiodarone treatment. Epididymitis, as an unusual side-effect of amiodarone use. We present a case of non-infectious epididymitis related to amiodarone therapy.

Key words: Epididymitis, Amiodarone

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Case

50 year- old- male was admitted to our hospital with adiagnosis paroxysmal atrial fibrillation. patient received 16 mg/kg amiodarone iv infussion for 24 hour and oral 800 mg/day amiodarone as the maintenance dose. Follow up visit was performed the fifty day of amiodarone theraphy with had a scrotal pain and right scrotal edema. He had no infectious complaints. Rıght epididymal oversensitivity and bilateral minimal hydrocel was found. Scrotal Doppler ultrasonograph examination confirmed increased vascularization suggestive for epididymal inflamation. Urology consultation was taken for the arrangement of medication. Patient's electrocardiography was sinus ryhthm. Scrotal pain was planned to be controlled by analgesics. Amiodarone was planned to be continuing. After 1 month of period he came to control. Cordarone theraphy was continued with at the decreased dosage. He explained scrotal pain had decreased gradually. Scrotal ultrasonography has revealed. Rıght epididym had no increase in vascularity and hydrocel appearance

Discussion

Epididymitis generally related with gram negative bacterial infections and drug induced epididymitis may be encountered in differential diagnosis. Amiodarone is a benzofuran derivative with predominantly class III antiarrhythmic activity that is widely used in refractory ventricular arrhythmias and atrial fibrillation in our daily clinical practice. Epididymitis, as an unusual side-effect of amiodarone use. It most often concerns doses more than 400 mg per day (1-3). In adult population symptoms usually necessiate discontinuation of drug or reduction of doses.

The reaction is self-limited, with or without amiodarone reduction, and does not require antimicrobial drugs, but a noninvasive urological examination may be warranted. In our case, 800 mg Amiodarone per day was enough to induce epididymalgia. Temporary discontinuation or decrease in dosage is recommended for patients who suffer noninfectious epididymitis while on amiodarone therapy.

The exact etiology of amiodarone-induced epididymitis is unknown. The entity has been associated with 25- to 400-fold concentration in epididymal tissue of amiodarone and its metabolite, causing focal epididymal fibrosis and lymphocytic infiltration (4). Anti-amiodarone antibodies may also have a role in the pathogenesis of the epididymal inflammation (2).

In conclusion, in patients on amiodarone who present with epididymalgia, if infection is ruled out, amiodarone dose reduction or cessation is proposed. Physicians and especially cardiologists, urologists and infectious diseases specialists should be aware of this rare but existing entity.

Conflist of interest: None

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