

Giant hydrocele

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Introduction:

Hydrocele: (Greek=sac) is abnormal fluid collection within the tunica vaginalis with or without patent processus vaginalis. It is a fairly common condition.

Here, we are reporting a case of giant hydrocele associated with inguinal hernia highlighting how it affects the quality of patient life, local complications, infertility, effect on sexual performance and work aptitude.



Key words: scrotal, calcification, sac, infertility.

Case report:

A 45 years old man presented with a slowly progressing left sided scrotal swelling for 10 years. Has no history of chronic cough, leg swelling or trauma to the scrotum. The patient has past history of recurrent urinary tract infection and urine retention. Because of this swelling the patient had abandoned sexual activities and his work capability was dramatically reduced. He is married to two wives and has eight children.

The general look was unremarkable. The abdomen was essentially normal with intact hernial orifices apart of the visible cough impulse on the left inguinal region.

The external genital examination revealed a huge left cystic scrotal swelling extending to below knee level with ulceration on its lower surface. The phallus was nearly buried and the testis could not be felt. [Fig 1,2 &3]



Fig 1



Fig 2



Fig 3

Ultrasound examination revealed huge fluid collection, loop of bowel in the left scrotum with atrophied left testis. The patient tested negative to microfilaria, wound swab yielded pseudomonas sensitive to ciprofloxacin.

Hydrocelectomy was performed and nine liters of clear yellow fluid were drained [Fig 4]

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Fig 4

A flattened testis and small bowel loops were found in the sac.

Reduction of bowel, orchidectomy and closure of the inguinal canal were done. The redundant scrotal skin and subcutaneous tissue were excised and a new scrotum was refashioned [Fig 5] Recovery was uneventful.

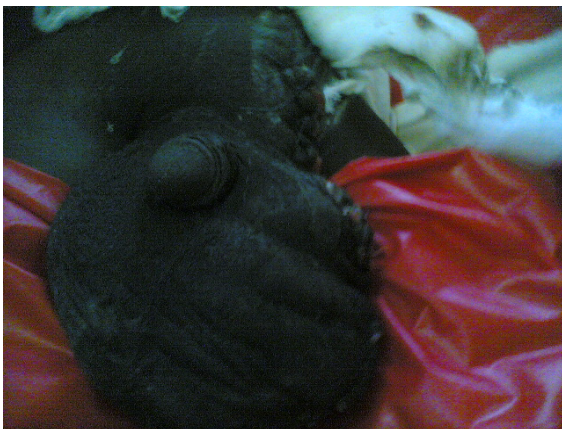


Fig 5

Three month later the cosmetic result was acceptable, the hydrocele and hernia did not recur and remained so during the following six months when the patient was last seen.

Following hydrocelectomy the patient's working capacity gradually increased, and his sexual activity improved.

Discussion:

The colloquial term of a large hydrocele in Sudan is Kooka. It is considered a social stigma as it is considered to cause sexual inadequacy.

Case reports in the literature on "giant hydrocele" are scanty. Giant hydrocele has been defined as a hydrocele having more than 1000 ml of contents¹. However, a giant

hydrocele in a child may not necessarily contain this volume of fluid. When hydrocele is diagnosed clinically, ultrasound is a good tool to support that.

There are reports on giant abdomeno-scrotal and large abdomen-scrotal hydrocele, but to the best of our knowledge there is no consensus on the definition of giant hydrocele and there are no reports on its effect on the quality of the patient's life. This is probably because of the rarity of the condition in the contemporary life.

Giant hydrocele is primarily due to patient's negligence, poverty, fear of impotency sterility and or fear of death from operation¹. Giant hydrocele may reduce the patient's work capacity, impair sexual function, therefore has negative effect on the quality of the patient's life, his family and community for becoming socially embarrassed. Men with giant hydrocele tend to have more psychological problems than physical ones^{2,3}.

In patients with hydrocele, it is reported that men with small hydrocele sought health care services more than those with giant ones. Ridicule from the community was a major problem for patients with giant hydrocele.

Unmarried men with giant hydrocele in particular had difficulty to find a spouse. Various degrees of sexual dysfunction were reported amongst married men³.

*Ramu k et al*⁴ reported that giant hydrocele has an average of 27.4% reduction on productivity and wage-earning capacity of patients.

Complications that may arise following this condition include pressure sores, calcification of the sac, calculus formation and infertility.

Coitus may be impaired not only as a result of the dragging effect on the phallus by the weight of hydrocele but also from the psychological stigma. Little attention has been paid to this important, but hidden disability associated with this disease.

In one study, hydrocele accounted for 43% of cases of male infertility, this attributed to partial or total arrest of spermatogenesis with resultant sub fertility or infertility probably due to pressure on the testis with progressive testis flattening or atrophy¹.

It is important that health education be

intensified to address the issue of early presentation with hydrocele and the favorable outcome of its surgical management that improves sexual disability and quality of life.

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