

**Case Study**

**CONSERVATIVE MANAGEMENT OF HYDROCELE-CASE REPORT**

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**ABSTRACT**

In this case report, we present an event of a 65-year-old gentleman with a diagnosed solitary oval swelling of the size 6×4 cm present in the right side of the scrotum by ultrasonographic images. Hydrocele under tension may be at high risk of acute rupture of testis of reducing the spermatogenesis, and surgical correction may be the best therapeutic opinion in this case. We expectantly managed the patient's massive hydrocele and encountered by hydro celotomy and no complications throughout the course of his recovery.

**Keywords:** Hydrocele, Ultrasonographic Image, Hydrocelectomy

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**INTRODUCTION**

Hydrocele first defined in the 15<sup>th</sup> century by Ambroise Pare is an abnormal benign collection of serous fluid between the parietal and visceral layers of tunica vaginalis. It may be a congenital or acquired abnormality. In a congenital hydrocele, the processus vaginalis remains patent and keeps direct communication between the parietal peritoneum and the tunica vaginalis, allowing peritoneal fluid to accumulate in the scrotum. Acquired hydroceles are usually idiopathic in nature. However, they may also be caused by infections, trauma, surgery, or malignancy [1]. A hydrocele is a common abnormal fluid accumulation within the scrotum [2].

Occasionally, hydroceles can become significantly enlarged and cause patients to suffer from great discomfort secondary to increased intrascrotal pressure and size. In rare situations, a hydrocele may rupture spontaneously or secondary to trauma, resulting in decompression of the hydrocele [3-6].

**CASE REPORT**

This case report was prepared after taking an informed consent letter from the patient, and special permission got from Dr. M. Santhiramudu, Founder & Chairman of Santhiram medical college, Nandyal, Kurnool district Andhra Pradesh to provide permission in its own hospital to carry out the case report for publication. According to this case report, a 65 y old man gets admission unit with a no history of similar complaints of the past year as well as hypertension, diabetes mellitus, asthma epilepsy and pulmonary tuberculosis. But the person habituated to alcohol drinking for 20 y, then discontinued this habituation for last one year.

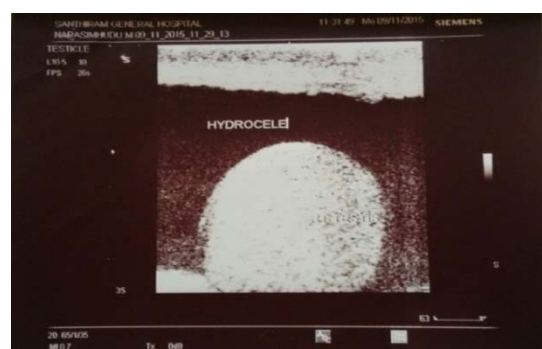
Evaluation of scrotal sonographic and transillumination revealed that solitary oval swelling of 6×4 cm present in the right side of the scrotum which is a cyst inconsistency fluctuation is present, with non-tender & rise of body temperature. By transillumination, it was diagnosed as "Right side hydrocele".

All the biochemical estimation reports were normal range preoperatively. After spinal anesthesia under aseptic condition, the patient scrotal later separated, then bluish hydrocele sac identified, and then sac separated from scrotum on the basis of vascular layers stat incision made on sac, ambered colored fluid collected. Finally, sac everted and sutured with 2-0 catgut.

On the first day of the post operative period the blood pressure, pulse rate, body temperature, Glasgow coma scale are normal, and the patient also does not having complaints of fever, cough or breathlessness. According to the treatment, the patient received soft diet Zostrum 1.5 g/l. V/BD, Dolokind aqua 1cc/ml/BD, Rabifast XL/OD, Acebcl-P/BD, chymoral forte DS/TID and Bevon/OD.



**Fig. 1: Ultrasound image showing the difference between the right and left testis**



**Fig. 2: Ultra sound image showing fluid accumulation in the right side testis**

But the patient did not pass the stools and urine. On second day patient complaint about cough with sputum, fever and vomiting and scrotum also mild edema were present, TasQ-X.5 ml/TID are included in drug schedule for the patient to reduce cough with sputum. The same above medication scheduled had given to the patient for next 7 y. Finally scrotum incision wound also healed and the patient has been discharged from hospital successfully.

**DISCUSSION**

A hydrocele is often diagnosed with an ultrasound of the scrotum and testicles. The sonogram will typically demonstrate a thin-walled,

anechoic fluid collection on the anterolateral aspect of the testicle. Hydroceles are typically managed by an open surgical procedure known as a hydrocelectomy, which removes the fluid-filled sac by either resection or plication. Another option is to aspirate the fluid-filled sac followed by sclerotherapy [3-6].

In patients with a hydrocele, the main symptom is a slowly growing mass that causes a pulling or dragging sensation. The pathophysiology of a hydrocele is the result of an imbalance between the reabsorption and secretion of fluids from the tunica vaginalis, and in some cases due to lymphatic obstruction. Patients with hydroceles usually present with a painless scrotal swelling. As the hydrocele enlarges, patients will complain of physical discomfort and a dragging sensation. Hydrocele is generally easy to detect by history taking and physical examination [7]. Hydrocele is one of the most common causes of scrotal swelling [8].

#### **CONCLUSION**

In summary, we report the case of massive scrotal hydrocele. The patient was expectantly managed after decompression of his scrotum by definitive surgical management followed by the patient received the anti-inflammatory and pain medication and provided scrotal support for temporary relief of pain and discomfort. Finally, the patients have extubated successfully and discharge from the hospital.

#### **CONFLICT OF INTERESTS**

Declare none

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