

BRIEF REPORT

Giant Hydrocele

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Abstract

Giant hydrocele is rarely seen. These patients usually present as a painless swelling a case of giant hydrocele in 26 year old male is reported. Due to social embracement, patient was reluctant for get examining scrotal area. Presentation was as a painless scrotal swelling. Hydrocelectomy was done. The brief report reflects neglect and ignorance of patient in seeking medical care.

Key words: Giant, Hydrocele, Primary, Surgery

Giant hydrocele is rare in present times. Hydrocele is collection of fluid in tunica vaginalis. Size of hydrocele can be variable. Hydrocele could of primary or the secondary type. Primary type of hydrocele is idiopathic cause whereas the secondary type occurs due to testicular pathology. Giant hydrocele is prone to complications. Hydrocelectomy with excision of sac is treatment.

A 26 year old male reported to our outpatient department (OPD) with painless swelling of right scrotum of 10 years duration. There was no any other significant history. No infertility was reported. Systemic examination was normal. Local examination of swelling, showed prominent superficial vessels, thickened scrotal skin and positive trans-illumination test. Dimensions of swelling being 28×12 ×9 cm. (Figure 1) Right testis was not palpable and left testis being palpable after lifting swelling. Penis was buried in swelling. Scrotal USG was consistent with the primary hydrocele. Microfilaria test was negative. Semen analysis was normal. The patient underwent surgery. Scrotum layers were thickened with tortuous vessels present. About 3.5 liters of fluid was drained. Subtotal excision of sac with plication of tunica albuginea done. Post-operative period was uneventful. Histopathology was consistent with primary hydrocele. Follow up is uneventful and is on follow up for last 2 years with no recurrence seen.

Giant hydrocele has been defined as a hydrocele having more than 1,000ml of contents¹. Clinically, this is difficult to diagnose except by way of

investigation such as ultrasonography. There are case reports on giant hydrocele, giant abdominoscrotal hydrocele and large abdominoscrotal hydroceles in the literature. Case reports defining giant hydrocele and its effects on the quality of the patient's life are limited, probably because of rarity of this condition. Giant hydroceles are primarily due to neglect on the part of the patient, poverty, fear of impotence/sterility and/or death from the operation². Giant hydroceles may reduce the patient's work capacity, impair sexual function and have a negative effect on the quality of the patient's life, his family and the community by becoming socially embarrassing. This may be as a result of the weight of the enlarged scrotal sac causing discomfort and impairing the patient's mobility while the pull on the scrotal skin as well as the pressure on the penile urethra may result in venous engorgement with occasional difficulty in micturition¹. Giant hydroceles may also affect the quality of patient's life by posing psychosocial problems and men with giant hydroceles tend to have more severe psychosocial problems than physical ones. Patients suffering from giant hydroceles have reduced work capacity and impaired sexual function, which has a considerable negative effect on the quality of their lives². In one study it was reported that giant hydrocele has an average of 27.4% reduction on the productivity and wage-earning capacity of patients³.

Complications of giant hydrocele include pressure necrosis with wound infection, septicemia, hematocele, 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 size of the mass but also from the psychosocial stigma. In one study, hydrocele accounted for 10.43% cases of male infertility.

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Figure 1
Right sided
giant
hydrocele.

This is attributed to partial or total arrest of spermatogenesis with resultant subfertility or infertility probably due to pressure on the testes with progressive testicular flattening or atrophy.

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