Giant abdominoscrotal hydrocele

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Figure: The hydrocele sac in the scrotum is communicating with the abdominal mass

A 45-year-old male presented with right-sided large scrotal hydrocele and a mass in the right iliac fossa. An exploratory laparotomy through lower midline incision revealed an extra-peritoneal cystic mass extending into the right inguinoscrotal region. (Figure 1). The dumbbell shaped mass was excised and the distorted floor of the inguinal canal was repaired. The postoperative period was uneventful. Three months postoperatively an abdominopelvic ultrasound showed no abnormal findings.

Most commonly, ASH presents as a simple abdominoscrotal mass. Sometimes it may present as hydroureter/hydronephrosis or as unilateral leg oedema due to pressure of the mass on the ureter or iliac vein. It may also present with acute abdominal symptoms due to the partial torsion in the abdominoscrotal hydrocele. Rarely, it may present as mesothelioma due to neoplastic changes in the mesothelial lining. The investigation of choice for the diagnosis of ASH is ultrasound. The exact mechanism explaining the phenomenon of ASH is not clear. The most acceptable explanation is the increased pressure in the scrotal area, which pushes the proximal end of the hydrocele sac intra-abdominally. As spontaneous resolution of ASH never occurs, surgical excision is necessary.

REFERENCES