IF : 4.547 | IC Value 80.26 VOLUME-6, ISSUE-8, AUGUST-2017 • ISSN No 2277 - 8160

Original Research Paper General Surgery

MANUALLY TRAUMATIZED HYDROCELE RUPTURE

Dr. Md. Asjad Karim Bakhteyar Junior Resident General Surgery, Department of General Surgery PMCH Patna

Dr. Binod Kumar (MBBS (Hons), M.S., FICS, FAMS, FIAGES), Associate Professor, Department of General Surgery PMCH Patna

ABSTRACT Description of a case of 50 years old male patient with long standing right side tense primary hydrocele that underwent mechanical rupture while changing posture from sitting to standing. He was presented to us after 1 day with chief c/o sudden decompression of scrotal tension followed by progressive increase in scrotal size and pain and concomitant paraphimosis1. Managed through operative procedure.

KEYWORDS :

INTRODUCTION

Hydrocele is one of most common surgical disease encountered by urologist or general surgeon. Easily diagnosed clinically & conformed through USG. Out of the several complications of hydrocele, rupture is one the rare complications. Hydrocele rupture can be spontaneous or traumatic. In this case report we present a 50 year old male that underwent traumatic rupture of hydrocele by pressing scrotum with both hand while changing posture from sitting to standing.

PRESENTATION OF CASE

A 50 year old patient presented to us with right side tender scrotal swelling for 1 day. There was tense hydrocele for 4 years that was slowly increasing in size, advised for surgery, but refused. There was Left side testicular agenesis (fortunately completed his family). Patient was advised by a local quack to apply mechanical pressure over scrotum and he will permanently get rid of surgery. He has done exactly the same. While changing the posture from sitting to standing , he applied pressure with both hand over scrotum, and tense hydrocele suddenly get decompressed with a gurgling splash (as described by patient). Patient got happy as tense scrotal swelling was no more. But the real event started now. Pain progressively increases along with the increasing scrotal size and paraphimosis (simulating FST with Rams Horn Penis)

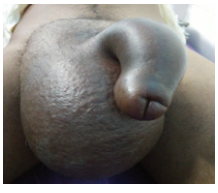

Figure:1:Thick scrotal wall along with paraphimosis simulating FST with rams horn penis

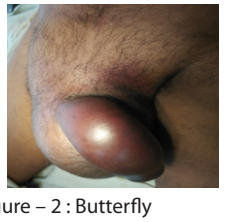

Figure – 2 : Butterfly hematoma involving scrotal, penile & perineal skin

On through clinical examination

- Ecchymosis[2] of butterfly shaped extending to scrotum, penis and groin region
- Scrotal mass of size 15cm×15cm×12cm(almost globular in shape), size initially increased later become constant.
- Raised local temperature, moderate tenderness
- Thick scrotal wall but penile skin was of normal thickness
- üSwelling was inguino scrotal but coughing impulse was absent.
- Trans-illumination test was negative
- Testicle cannot be palpated
- No palpable B/L inguinal lymph node
- USG conform the diagnosis[3]

DISCUSSION

Hydrocele is abnormal collection of serous fluid around testicles because of excessive production or defective absorption or both. Hydrocele may be of congenital or acquired type. Congenital hydrocele occur because of patent processus vaginalis that keep the direct communication between parietal peritoneum and tunica vaginalis that allow peritoneal fluid to accumulate around testis. Secondary hydrocele is most frequently associated with acute or chronic epididymo orchitis, may be seen with torsion testis or with some testicular tumors.

A patient of hydrocele usually present with painless scrotal swelling that is slowly increasing in size. Swelling is typically translucent and it is possible to get above swelling on scrotal examination. Absent cough impulse. Conform through inguino-scrotal sonography. Congenital hydroceles usually resolve spontaneously. If persist, herniotomy will be the choice. Small acquired hydrocele do not need treatment, if they are sizable and bothersome to patient surgical treatment is indicated.

Rupture hydrocele is one of the rare complication out of all the other complications. Only few cases have been reported worldwide. Rupture may be spontaneous or traumatic4. In this case rupture is due to manually induced mechanical trauma by the patient while changing the posture from sitting to standing as advised by local quack. No any case of such type of rupture has been reported anywhere when patient has manually traumatized hydrocele to get rid of surgery. Patient was managed through operative procedure.

Fig 3: large organized hematoma having longitudinal groove of testis

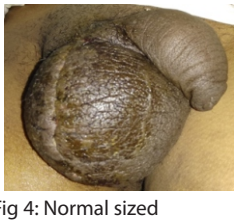

Fig 4: Normal sized scrotum and penis after surgery

MANAGEMENT

Patient was hemodynamically stable. Conservative management done after catheterization, necessary investigation was done in between there after operative management was done in next morning under general anesthesia right scrotum was explored. Scrotal wall was thick due wall hematoma. There was large hematoma encasing anterior side of testicle. Organized hematoma was removed, groove of testicle was clearly seen in hematoma. Tunica layer was shattered out anteriorly. Testis and epididymis was normal. Jaboulay's procedure done for rest of the tunica. Wound

closed in layers with drain.

CONCLUSION

We reported an unusual case of rupture hydrocele where patient had manually traumatized hydrocele to get rid of surgery as advised by a local quack. Patient was primarily managed by surgical5 procedure.

Reference:

1. www.americanjournalofsurgery.com/article/0002-9610(55)90123-9/abstract
2. https://www.researchgate.net/publication/13478418 Spontaneous rupture_ of_ hydrocele an unusual complication
3. https://www.researchgate.net/publication/228582060_Acute_rupture_of_ hydrocele
4. https://www.ncbi.nlm.nih.gov/pubmed/26563625
5. http://www.mayoclinicproceedings.org/article/S0025-6196(12)62640-8/pdf