



HYDROCELE OF CANAL OF THE NUCK: A CASE REPORT

General Surgery

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ABSTRACT

Hydrocele of canal of Nuck is a rare disease of females. Canal of Nuck is a patent processus vaginalis in women. It usually gets obstructed but sometimes it can remain patent and forms a hydrocele or hernia in inguinal region. Hydrocele of the Canal of Nuck is usually a slow growing painless swelling which is in inguinal region but it can extend from inguinal region to labia majora. Imaging investigations such as ultrasound, CT scan, and MRI help in reaching the diagnosis if not, then it is confirmed on operation and histopathology of the sac wall. Treatment is the excision of the hydrocele. We report a case of right sided hydrocele of canal of Nuck due to its rarity and abnormal size.

KEYWORDS

INTRODUCTION

Hydrocele of canal of Nuck is a rare entity in a girl or women. The canal of Nuck is a tunnel made of abnormal peritoneal extension downwards from peritoneal cavity to labia majora. Non or incomplete obliteration of this peritoneal canal which is patent processus vaginalis can result in inguinal hernia or hydrocele of canal of Nuck. Canal of Nuck was first described by a Dutch doctor, Anton Nuck (de), professor of anatomy at Leiden, the Netherlands in 1691. Canal of Nuck is analogous to the patent processus vaginalis in males. Canal of Nuck usually travels along and anterior to the round ligament of uterus. Incidence of the hydrocele canal of Nuck is more common in girls then women and decreases with age, from approximately 80 percent in young girls to 30 percent in women. Hydrocele of canal of Nuck presents as painless cystic swelling in inguinolabial region. If the canal has only fluid it is called as hydrocele of canal of Nuck if peritoneal organs specially loops of small intestine are the content it is called inguinal hernia. In hydrocele of canal of Nuck the communication with peritoneal cavity is closed. Usually the canal of Nuck is present at birth and disappears in first year of life.

In girls the hydrocele of canal of Nuck can be differentiated from other similar conditions such as inguinal hernia, lipoma, cyst, cold abscess, endometriosis, leiomyoma, and lymphadenopathy etc. Ultrasound of the inguinal region is an excellent investigation to exclude other causes and diagnose the hydrocele of canal of Nuck.

Case report:

A 24 year old female came to our OPD with complain of swelling over left groin region since 10 days and pain over swelling since 10 days. The Lump started appearing only on standing or coughing and used to get disappeared on lying. It gradually increased in size and started growing down towards perineum. There was no relevant history of trauma, infection, fever or other symptom. On examination it was found a cystic swelling extending from left inguinal region to the right supra labial region.

Ultrasound and CT scan showed:

- 1) Left renal fossa is empty, left kidney is not visualised with absent left renal artery likely of unilateral agenesis of left kidney with compensatory hypertrophy of right kidney is seen.
- 2) Well defined cystic tubular structure measuring approximately 31x29mm in size along the left inguinal region. The cystic tubular structure is seen anteromedial to the femoral vein and shows no communication with underlying bowel loops or bladder – above findings are suspicious of HYDROCELE OF CANAL OF NUCK OF LEFT SIDE.
- 3) Uterus is seen deviated to the right pelvic cavity with right ovary is visualised. Left ovary is not visualised.

There was no associated inguinal hernia. Omental and intestinal presence was not noticed. Cystic mass was going down along the round ligament of uterus. There was no expansile impulse on coughing and the cystic swelling was not reducible.

Considering the examination finding and imaging results it was thought that this lesion may be hydrocele of canal of Nuck. Operation was performed after doing all necessary investigations. The hydrocele was completely excised with ligation and excision at the upper and lower end of the lesion. The histopathology of the specimen showed the wall of cyst, a peritoneal lining with peritoneal fluid as content. The wall of cyst was thickened. Post-operative period was uneventful. Patient was discharged next day of operation.

Following Images Shows intra op findings of the patient.



DISCUSSION

Hydrocele of the canal of Nuck is a rare entity in females. It accompanies round ligament of uterus and may remain in inguinal region only or may extend up to labia majora of that side. Ultrasound, CT scan and MRI are the main investigations to help reach the diagnosis preoperatively. The Dutch anatomist Anton Nuck described the processus vaginalis peritonei in the inguinal canal of a female and named it canal of Nuck. Normally the canal of Nuck obliterates within the first year of life but failure of the canal to close during that period in female infants can result in Nuck hydrocele or herniation of intra abdominal structure through the patent canal of Nuck.

When the secretion and absorption of fluid become unbalanced in the secretory membrane of the inner wall, hydrocele of canal Nuck occurs due to swelling of the pouch. The hypersecretion and malabsorption of

the secretary membrane can be caused by infection, injury, or inappropriate lymphatic drainage, the latter of which is usually multiple. In our case no factor could be detected as the reason behind the hydrocele. It is difficult to make the diagnosis of hydrocele of canal of Nuck on only physical examination.

The cyst of the canal of Nuck is frequently misdiagnosed as inguinal hernia in females and is only diagnosed intra-operatively therefore preoperative imaging is crucial for diagnosis and further guiding the therapeutic opinion. In approximately one third of patients an associated inguinal hernia is present.

Differential diagnosis includes inguinal hernia, entered lymphnodes and soft tissue tumours such as lipomas, leiomyomas and endometriosis of the round ligament. The most frequent region of Nuck hydrocele is inguinolabial region rendering it clinically indistinguishable from inguinal hernia. The treatment of choice is surgical excision. The hydrocele is excised through groin incision.

Surgical exploration permits excision of the hydrocele and repair of any coexisting fascial defect. Female hydrocele of canal of Nuck is uncommon. A literature search revealed that little has been published on this condition. Although rare, a hydrocele of the canal of Nuck has to be included in the differential diagnosis of a groin lump in female patients. Canal of Nuck abnormalities are under recognized causes of labial masses with potential adverse outcomes.

The 2 main categories of canal of Nuck abnormalities are hernias and hydrocele. In adults, a hydrocele of the canal of Nuck, should be first treated by surgical excision of the mass without puncturing it. Aspiration of a hydrocele of the canal of Nuck is inadequate and results in high recurrence rates. When the hydrocele is complicated by endometriosis, excision of round ligament is necessary. Indeed, *Matsumoto et al.* coined the term "Inguinal hernia mimic" for hydrocele of canal of Nuck because of its changeable mass.

Due to rarity of the hydrocele of the canal of Nuck, long term study on series not done and so the recurrence of this hydrocele after operation could not be established. Despite the fact that after operation hydrocele of the canal of Nuck occurs in adolescence...hydrocele of the canal of Nuck should be included in the differential diagnosis of masses occurring in the inguinal area in adult females. In our case the tentative diagnosis was made by physical examination and imaging investigations, the operation and histopathology confirmed the diagnosis.

Declaration of Patient Consent

We obtained all appropriate patient consent forms. In the form the patient has/have given her consent for her images and other clinical information to be reported in the journal. The patient understand that their names and initials will not be published and due efforts will be made to conceal their indent, but anonymity cannot be guaranteed.

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