

# Giant Hydrocele: An Epitome of Negligence and Poverty

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**Abstract:** *Hydrocele is a condition where abnormal accumulation of fluid occurs in the tunica vaginalis. It is a very common condition seen in surgical practice. Giant hydrocele containing more than 1000ml of fluid in the hydrocele sac is very rare. Because of its large size this condition can have a very bad effect on quality of life in terms of limitations in work capacity, sexual disabilities, infertility and many other psychosocial problems. We report a case of 52year male presented with a left sided scrotal swelling with a partially buried penis. Hydrocelectomy was done and 1.5litres of straw coloured fluid drained from the hydrocele sac.*

**Keywords:** Hydrocele, Giant, Hydrocelectomy

## 1. Case Report

A 52year old man presented to us with history of a large left sided scrotal swelling for three years. The swelling was gradually progressive without associated pain. There was no history of trauma to the scrotum. He was married and blessed with three children. The large scrotal swelling with the penis nearly buried, interfered with his normal sexual activities for nearly last two years. It also was a hindrance to his normal daily activities. General physical examination findings were unremarkable. The abdomen was essentially normal with intact hernia orifices. He had a huge left sided scrotal swelling [figure 1]. The penile skin was stretched and the phallus was partially buried in the scrotal swelling. Swelling was tense but fluctuant. The ipsilateral testis was not palpable. Getting above the swelling and transillumination test was positive. The absolute eosinophil count was normal and the patient was negative for microfilariasis on laboratory investigations. Ultrasonography of the inguinoscrotal region revealed a huge hydrocele of the left side tunica vaginalis testis. He underwent hydrocelectomy under local anaesthesia. Approximately 1.5liters of straw coloured fluid drained from the tunica vaginalis. Testis appeared flattened on that side. Post-operative recovery was uneventful. Patient is doing well after six months of follow up and having an improved quality of life.



**Figure 1:** showing a large left sided scrotal swelling with a buried phallus and stretched prepuce skin

## 2. Discussion

Hydrocele is defined as collection of fluid in the tunica vaginalis. It can be primary or secondary. Primary hydrocele is idiopathic whereas secondary hydrocele occurs because of testicular pathology. Giant hydrocele has been defined as hydrocele having more than 1000ml of its content [1]. Clinically this is very difficult to diagnose except by way of investigations or by intra-operative assessment of amount of fluid aspirated. Because of its rarity reports on giant hydrocele in the literature are scanty. Giant hydrocele because of its large size can have various bad effects on quality of life in terms of complications, infertility, sexual disabilities, reduced work capacity and psychosocial problems associated with the disease [2].

According to Gyapong et al, men with small hydroceles sought healthcare services more than those with giant ones and the ridicule from the community becomes a major problem in patients with giant hydrocele [2-4]. In their series they have found that unmarried men with giant hydroceles in particular found it difficult to find a spouse and various degrees of sexual dysfunction were reported amongst married men [2]. Ramu K. et. al. reported that giant hydrocele has an average of 27.4% reduction on the productivity and wage-earning capacity of patients [2,3]. 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 [2]. Regarding infertility one study has found that hydrocele accounted for 10.43% cases of male infertility which 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 [3-5,6].

Giant hydrocele occurs primarily because of neglect by the patient [2]. Poverty and fear of importance/sterility or even death following operation are the other factors related to the negligence especially in developing countries where poverty and illiteracy is highly prevalent [3]. Complications of giant hydrocele include pressure necrosis with wound infection which can be quite offensive, hematocele, calcification of

the sac, calculus formation and infertility. Coitus may be impaired, not only as a result of the phallus often being buried by the size of the mass, but also from the psychosocial stigma [3]. Sometimes as a result of the weight of the enlarged scrotal sac patient's mobility is hampered and the pull on the scrotal skin as well as the pressure on the penile urethra may result in venous engorgement leading to difficulty in micturition [2,3].

### 3. Conclusion

Negligence and poverty are the two important factors responsible for the development of a giant hydrocele. Although it's very rare to see a case of giant hydrocele in the present era, it is still a reality in the remote areas of developing countries where poverty and illiteracy is highly prevalent. Giant hydrocele has many hazardous effect on quality of life as mentioned above. Proper education about the condition is the only way to prevent the development of such an embarrassing condition.

### 4. Conflict of Interest

Authors declare no conflict of interest.

### 5. Consent

Written informed consent was obtained from the patient for publication of this Case report and any accompanying images.

### 6. Author Contribution

DrSusanta and Dr Manoj prepared the manuscript. Dr Bikram and Dr Rakesh helped in acquisition of data and drafted the manuscript. Assistant Professor Prakash Kumar Sasmal and Associate Professor TusharSubhadarshan Mishra critically reviewed the manuscript.

### References

- [1] Hirano S, Kawaguchi S, Mikawa I, Motoi I, Masuda S. Giant hydrocele:two case reports. *Hinyokika Kiyo*. 1991; 37(2): 195-8.
- [2] Akpo EE et al. Giant Hydrocele and Epitomy of neglect. *African HelthSci* 2005; 5(4): 343-4.
- [3] ImtiazWani,Imran Gul. Giant hydrocele.*Journal of Case Reports in Practice (JCRP)* 2013; 2: 45-46
- [4] Gyapong M, Gyapong J, Weiss M, Tanner M. The burden of hydroceleon men in Northern Ghana. *ActaTropica*, 2000; 77(3): 287-94.
- [5] Palep H.S. Semen analysis parameters and effect of treatment with Asparagus Racemsus and Mucuna
- [6] Pruriens. *Bombay Hosp. J.* 2005; 47(2): 232-236
- [7] Fowler C: Hydrocele: In Russell R. C. G; Williams N. S. Bulstrode C. J.K; Eds. *Bailey and Love's Short Practice of Surgery*. 23rd edition.Oxford University Press. 2000: 1274-1276.