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Olgu Sunumu

İşeme Disfonksiyonunun Nadir Bir Nedeni: Bilateral Dev Hidrosel

Reha Girgin [a]

[a] *Üroloji Anabilim Dalı, Tıp Fakültesi, Bülent Ecevit Üniversitesi, Zonguldak, Türkiye.*

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Sorumlu Yazar:
Reha Girgin
mujdereha@hotmail.com

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Ö Z E T

Hidrosel, skrotal hastalıklar arasında sık görülmektedir. Dev hidrosel, oldukça nadir görülmesine rağmen tropik ülkelerde özellikle yaygındır. Skrotal kesenin ileri derece büyümesi, skrotal cildin aşağı çekilmesi ve penil üretrada venöz konjesiyon nedeniyle meydana gelen basınç artışı idrar yapmada zorluklara neden olabilmektedir. 12 aydır süregelen işeme disfonksiyonu tarifleyen ve dev hidroseli olan 71 yaşında erkek hasta tespit edildi. İki taraflı hidroselektomi ameliyatı yapıldı ve 2270 mL seröz sıvı boşaltıldı. İşeme disfonksiyonu, ameliyattan üç ay sonra kayboldu. Dev hidrosel kaynaklı işeme disfonksiyonu standart bir hidroselektomi ameliyatı ile kolaylıkla tedavi edilebilmektedir. Burada, dev bir hidrosel olgusu literatür eşliğinde gözden geçirildi.

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Case Report

A Rare Cause of Voiding Dysfunction: Bilateral Giant Hydrocele

Reha Girgin [a]

a Urology Department, Medicine Faculty, Ankara University, Ankara, Turkey,

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Correspondence Author:
Reha Girgin
mujdereha@hotmail.com

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ABSTRACT

Hydrocele is very frequent seen among scrotal diseases. Giant hydrocele is particularly common in tropical countries though very rare. Advanced degree in the growth of the scrotal sac, the down withdrawal of the scrotal skin and due to the pressure generated in the penile urethra as a result of venous congestion may cause difficulty in urination. A 71-years-old male patient with a giant hydrocele was detected and voiding dysfunction was accompanied for last 12 months. Bilateral hydrocelectomy operation was performed and 2270 mL of serous fluid was drained. Voiding dysfunction had disappeared three months after surgery. Giant hydrocele-induced voiding dysfunction can be treated easily with a standard hydrocelectomy. We report a case of giant hydrocele and a review of literature.

1. Introduction

Scrotal hydrocele is an entity within common diseases. Hydrocele with a content over 1000 ml, is described as a giant hydrocele (1). Although giant hydrocele is a rare disease, is a surgical disease especially of tropical African countries (2). Patients often do not fall into the quest for treatment, before reaching the size that will affect the mobilization or coitus performance (2). Although within benign scrotal diseases, in this case voiding dysfunction because of giant hydrocele has been discussed because very rarely taken into account in the literature.

Case Report

71 years old male patient applied to our outpatient clinic with scrotal swelling and complaints of difficulty in urination. The patient had mild prostatism symptoms which were difficulty in starting urination, nocturia mainly and International Prostate Symptom Score (IPSS) as 21. Voiding complaints were increased within 3-year period because of the growing scrotum. At the first examination made, there was a penis almost completely hidden and bilateral giant hydrocele reaching to the knee level (Figure 1).

Figure 1. Bilateral giant hydrocele

At rectal examination, 30 cc of prostate with benign consistency was available. Complete blood count, renal function tests such as urea, creatine and complete urine examination and also other biochemical tests were normal. Total psa (prostate specific antigen) was 1.2 mg/dl. Testicular tumor markers were within normal limits. Massive bilateral hydrocele was seen by the scrotal ultrasound. The scrotal swelling was reported as massive bilateral hydrocele seen by computed tomography which was preferred to exclude inguinal hernia association. No mass formation was seen. There was an increase in the bladder wall thickness without dilatation in the kidneys and ureters. The patient underwent hydrocelectomy under spinal anesthesia and the amount of aspirated fluid which was serous in nature was 1020 ml from right and 1250 ml from left side. Due to the giant hydrocele sac, extensive tissue resection was done. After the operation the patient was discharged on day 2. Patient was checked on postoperative day 7 and 3 months. In the scrotal ultrasound viewed in the 3rd month, no abnormalities were observed and IPSS was dropped to 15 written consent was obtained.

Discussion

Hydrocele is defined as accumulation of fluid between tunica vaginalis layers. Giant hydrocele, considering literature is defined as hydrocele of which content is above 1000ml. Clinical diagnosis of giant hydrocele can be made with surgical aspiration or as a result of radiological calculations. It was not possible to make a clinical diagnosis of giant hydrocele when the clinical conditions were not suitable. In this context, a definition of a scrotal swelling as big as patient's head would be appropriate while also covering the pediatric age group (3).

Hydrocele is not usually symptomatic before reaching the advanced size. The complications of giant hydrocele that patients may experience were pressure necrosis and wound infection, sepsis, hematocele, sac calcification, stones in the bladder and infertility (4, 5).

Akpo and friends, reported that hydrocele reduces patient's performance capacity and sexual function and has negative impact on the quality of life. [3] Hirano et al reported two cases with some micturition complaints. In our case like the cases of Hirano and his friends, voiding dysfunction may be due to severe growth of scrotal sac adversely affecting the patient mobility and comfort, the drawing down of scrotal skin and venous congestion as a results of pressure on penile urethra (1).

Consequently, bilateral giant hydrocele is a very rare case. Because of mechanical effect generated by the size of hydrocele, voiding dysfunction may be seen. In case of serving intensive outpatient services, rectal examination should not be performed only. Penile, scrotal and even urethral mea examinations should not be neglected. Keeping this issue in mind is paramount, so that as in our case, voiding symptoms can be corrected with a simple surgical approach.

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