HEMATOCELE SECONDARY TO RUPTURE OF AN ABDOMINOSCROTAL HYDROCELE

Felipe Sáez, María José Descalzo, Bernardo Herrera, Elisabeth Castillo, Juan Andrés Cantero, Cristobal Marchal and Francisco Javier Machuca Santa Cruz.

Departamento de Urología y Medicina Familiar y Urgencias, Hospital Virgen de la Victoria, Málaga, Spain.

Summary.- OBJECTIVE: To describe one case of hematocele secondary to rupture of an abdominoscrotal hydrocele in an adult patient.

METHODS AND RESULTS: We report a huge hematocele in a patient with this unusual type of hydrocele that suffered a minimal scrotal trauma. It was a hydrocele that extended through the inguinal canal to the retroperitoneal space.

CONCLUSIONS: Abdominoscrotal hydrocele is a rare condition in children and even rarer in adults. The presence of a hematocele requires early surgical treatment.
Keywords: Hematocele. Abdominoscrotal hydrocele. Scrotal trauma.

INTRODUCTION

We report a huge hematocele in a patient with this unusual type of hydrocele that suffered a minimal scrotal trauma.

The etiology of the abdominoscrotal hydrocele is unknown. Three theories on the origin of this pathology are the most acceptable:

1) Upward extension of the scrotal hydrocele exerting an upward pressure in the scrotal component,

2) Expansion of a high infantile hydrocele in which the processus vaginalis is obliterated only at the level of the internal ring and

3) a possible existence of a flap valve mechanism somewhere along the course of the processus vaginalis. The hydrocele would then continue to expand and reascend back up into the abdominal cavity until the creation of an abdominoscrotal hydrocele (1).

CASE REPORT

A 20 years old man with a long history of a mild scrotal swelling came to the hospital because several hours before he had suffered a minimal scrotal trauma when playing in the sea and noted a progressive enlargement of the scrotum without pain. Physical examination revealed an enlarged-tense left side scrotum without signs of external trauma (Figure 1).

Hemoglobin was 11 gr/dl. Echography showed a thickened edematous scrotal wall and a bilateral hydrocele, much larger in the left side that communicated with the retroperitoneum. This left side hydrocele contained internal echoes owing to clots.

The right side hydrocele had no internal echoes. The initial treatment was a surgical exploration of the left inguinal canal with evacuation of 1 liter hematocele, resection of the abdominal sac, partial resection and eversion of the scrotal vaginal layer. The posterior inguinal wall was reinforced with a polipropiethilen mesh. Four months later, the right hydrocele was treated in the same way and a reduction of the scrotum was performed.

DISCUSSION

The abdominal and scrotal hydrocele is a rare disease in childhood, being even more exceptional in adults. Rarely these hydroceles are bilateral like the present case, although right and left sides have been affected with equal frequency. Other described anomalies associated to this pathology are dismorphic and criptorquid testis and in one case a paratesticular malignant mesothelioma.

Complications like hydronephrosis or leg edema due to compression of adjacent structures have been reported (2), but not hematocele. Diagnosis is made by the physical examination compressing the scrotal component and palpating with the other hand the wave of liquid in the ipsilateral lower abdomen. In the case of external traumatism, subcutaneous hematoma may exist or not. Scro-
tal and abdominal echography is the diagnostic method of choice, blood clots are suspectec by the presence of abundant internal echoes and a communication between scrotum and abdominal cavity can be demonstrated.

The presence of a hematocoele hasten the treatment that is always surgical, generally by an inguinal approach (1), with total resection or descompression of the abdominal sac, and a partial, total, or descompression of the scrotal component (2), or by a two stage procedure with an inguinal and a scrotal approaches with a Jaboulay procedure (3). Recently, Belman has proposed an unique scrotal approach with drainage of the hydrocele and plication and eversion of the vaginal in the manner described by Lord (2). Repairing the inguinal canal is advised by some authors (1). We prefered to correct the posterior wall with a mesh because there was a large defect in the hematocoele side, since one surgeon’s hand could pass through the internal ring.

CONCLUSIONS

The abdominal and scrotal hydrocele remains a rare disease in children and even more so in adults, high-lighting the presence of a hematocoele requires early surgical treatment to avoid complications and achieve complete resolution.

REFERENCES AND RECOMMENDED READINGS
(*of special interest, **of outstanding interest)