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ENCYSTED SPERMATIC CORD HYDROCELE - A CASE STUDY

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ABSTRACT

Hydrocele of spermatic cord is caused by defect in closure of the Processus vaginalis as the testicles descend into the scrotum during foetal development. Hydrocele of spermatic cord is usually occurs in infancy and childhood but in adult is rare. In adult it may mimics with irreducible inguinal hernia, undescended testes, primary tumours of cord like lipoma and inguinal lymphadenopathy. We are presenting a case of encysted hydrocele of spermatic cord visited to our opd, a 22 year old male patient having complaints of swelling over left inguinal region, which clinically mimicked incarcerated inguinal hernia.

Keywords: Hydrocele, Processus vaginalis, lipoma, lymphadenopathy.

INTRODUCTION

Hydrocele is the collection of fluid in the two layers of tunica vaginalis of testes on the basis of defect in closure of the processus vaginalis two types of hydrocele of spermatic cord is found. Encysted type is caused by defective closure at both proximal and distal ends of processus vaginalis. Funicular type is caused by defective closure of only distal ends of processus vaginalis proximally it communicates with the peritoneal cavity.

The encysted type where processus vaginalis closure is proximally and distally, it can be confused with irreducible inguinal hernia, undescended testes, lipoma of the cord, inguinal lymphadenopathy and so proper diagnosis is more important for treatment.

Case Report

A 22yrs old male presented with swelling in the left inguinal region since one year which was progressively increased in size with no complaints. On examination a well define cystic swelling measured approximately 7*3 cm in length seen in middle of inguinal canal. On palpation which was non tender, tense, with no cough impulse and negative Trans illumination test.

Differential diagnosis were done with undescended testes, lipoma of the cord, inguinal lymphadenopathy but it mimics with irreducible inguinal hernia hence for confirmation of diagnosis ultrasonography was done which suggested “Lobulated well defined oblong cystic lesion of size 8*1.3*2cm along left spermatic cord in inguinal region and in the root of Scrotum with no septation and no calcification” and both testes and epididymis were normal in size and echogenicity. But still diagnosis was not clear.

From ultrasonography, all routine investigation done and patient was posted for surgery. With all aseptic precaution and after adequate effect of spinal anaesthesia incision taken on left inguinal region and layer wise separation done. Intra-operatively a cystic

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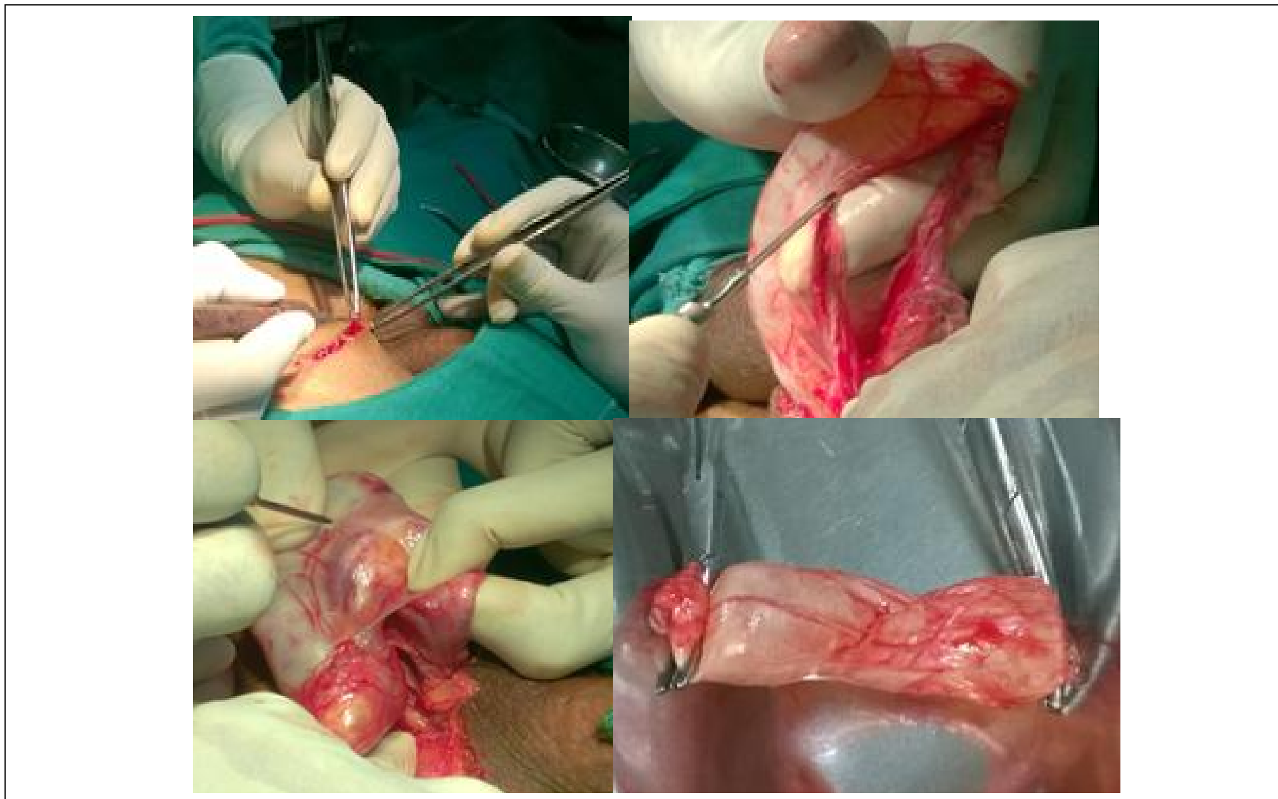
swelling of size 8*2*2cm attached to spermatic cord was found. Which contains clear fluid was separated from spermatic cord and excised suggestive of Encysted type of hydrocele which wrongly mimics with irreducible hernia. Post operatively patient treated with IV antibiotic and analgesic, suture removed on 8th day.



CONCLUSION

Encysted Hydrocele of the cord in an adult is a rare condition. It may mimic with an irreducible inguinal hernia. In this case cystic swelling on left inguinal region which was not reducible and with no cough impulse with negative trans-illumination was suggestive of irreducible hernia. In Ultrasonography diagnosis was not confirm. Only after surgical exposure it confirms that it was Encysted Hydrocele of cord. So it can be concluded that some rare cases are well understood after surgical exposure.

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