ACUTE RUPTURE OF HYDROCELE

LUIS A. FARIÑA, JOSÉ L. QUINTANA, EDUARDO R. ZUNGRI

Section of Urology, POVISA Medical Center, Vigo, Spain

ABSTRACT

Introduction: Spontaneous rupture of idiopathic hydrocele is unusual, as only 2 cases of this complication have been reported in the last few years.

Case Report: A 26-year-old man with a previously diagnosed moderate idiopathic hydrocele went to the emergency section because of acute pain and swelling of the scrotum. Examination showed severe edema of the scrotal wall with no signs of the previous hydrocele. The ultrasonography confirmed the rupture of the hydrocele with a corrugated picture of the tunica vaginalis.

Conclusion: Hydrocele under tension may be at high risk of acute rupture, and surgical correction may be the best therapeutic option. In acute rupture, the sonographic picture shows a pattern of corrugated vaginalis and edema of the scrotal wall.

Key words: scrotum; hydrocele; rupture

Braz J Urol, 28: 45-46, 2002

INTRODUCTION

Although idiopathic hydrocele is an extremely common cause of scrotal swelling, it rarely gives rise to severe or painful complications. Spontaneous rupture of idiopathic hydrocele seems to be unusual, as this occurrence, to the best of our knowledge, is not recorded in ancient books of urology or surgery, and a computerized bibliographic search shows only two reports of this complication (1,2).

CASE REPORT

A 26-year-old man with no previous pathological conditions had complained of left scrotal enlargement for 5 years. Physical examination and scrotal ultrasound showed left medium-size, moderately tense idiopathic hydrocele (Figure-1), and he was placed on the waiting list for hydrocelectomy. Two months later, he went to the emergency section because of acute pain and swelling of the scrotum.

Figure 1 - Scrotal ultrasound demonstrating medium-size idiopathic hydrocele.
ACUTE RUPTURE OF HYDROCELE

whilst asleep. Examination showed severe edema of the scrotal wall with no signs of the previous hydrocele, and the ultrasound examination confirmed the rupture of the hydrocele with almost complete disappearance of its content, and a corrugated picture of the tunica vaginalis (Figure-2), presumably due to the extravasation of the hydrocele fluid. Several days later, the hydrocele reappeared with the same previous volume and on a subsequent, non-acute operation the hydrocele fluid was moderately haematic and the parietal tunica vaginalis had a 2 x 2 cm break with signs of secondary healing. The hydrocele sac was inverted and plicated without complications.

COMMENT

Several patients with asymptomatic hydrocele, even if large in size, choose the option of periodical clinical surveillance instead of surgical correction. However, patients should be advised that hydrocele under tension may be at high risk of acute rupture, and surgical correction may be the best therapeutic option. If acute rupture is suspected and either the past medical history is uncertain, or a previous ultrasound is not at hand, the acute sonographic picture shows a typical pattern of corrugated tunica vaginalis and edema of the scrotal wall (1). It is of interest to be noted that the hydrocele could almost disappear after rupture, but recurrence seems to be the rule.

REFERENCES


Received: August 9, 2001
Accepted after revision: September 25, 2001

Correspondence address:
Dr. Luis A. Fariña
Servicio de Urología
Centro Médico POVISA
C / Salamanca 5
E-36211, Vigo, Spain
Fax: + + (34) (9) 8642-1439
E-mail: luisfarina@yahoo.com