

HYDROCELE



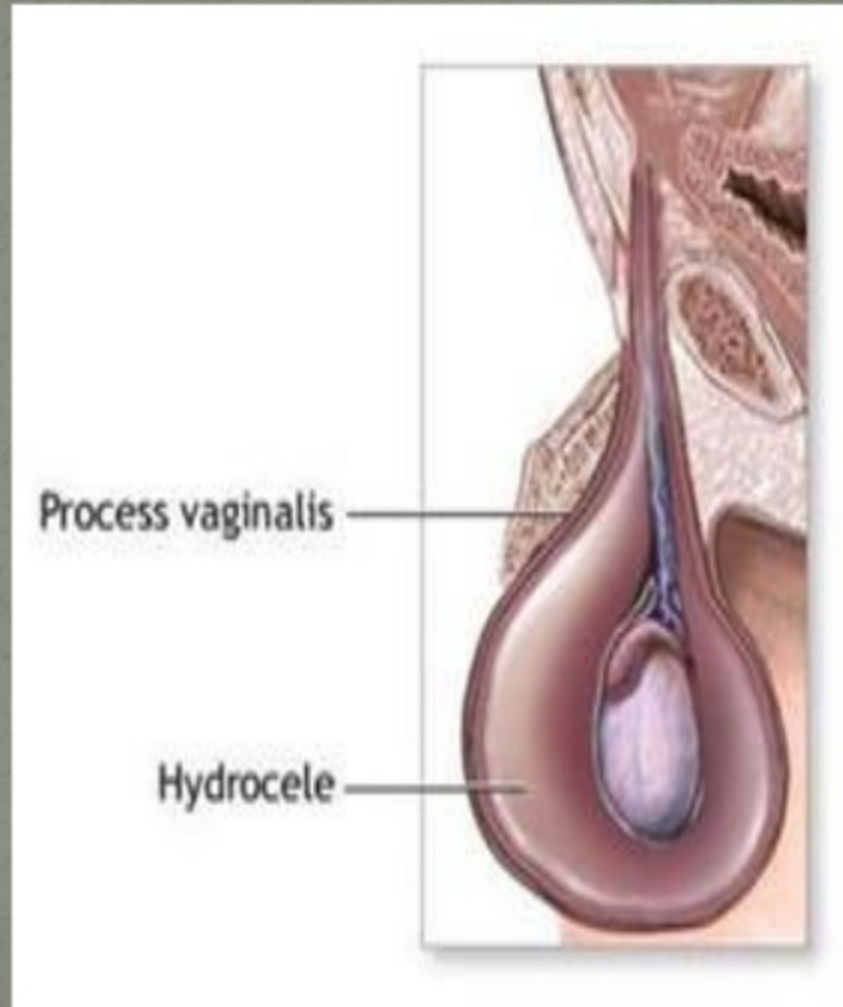


BILATERAL HYDROCELE

- DEFINITION

- TYPES

- AETIOLOGY



PRIMARY VAGINAL HYDROCELE

FEATURES:

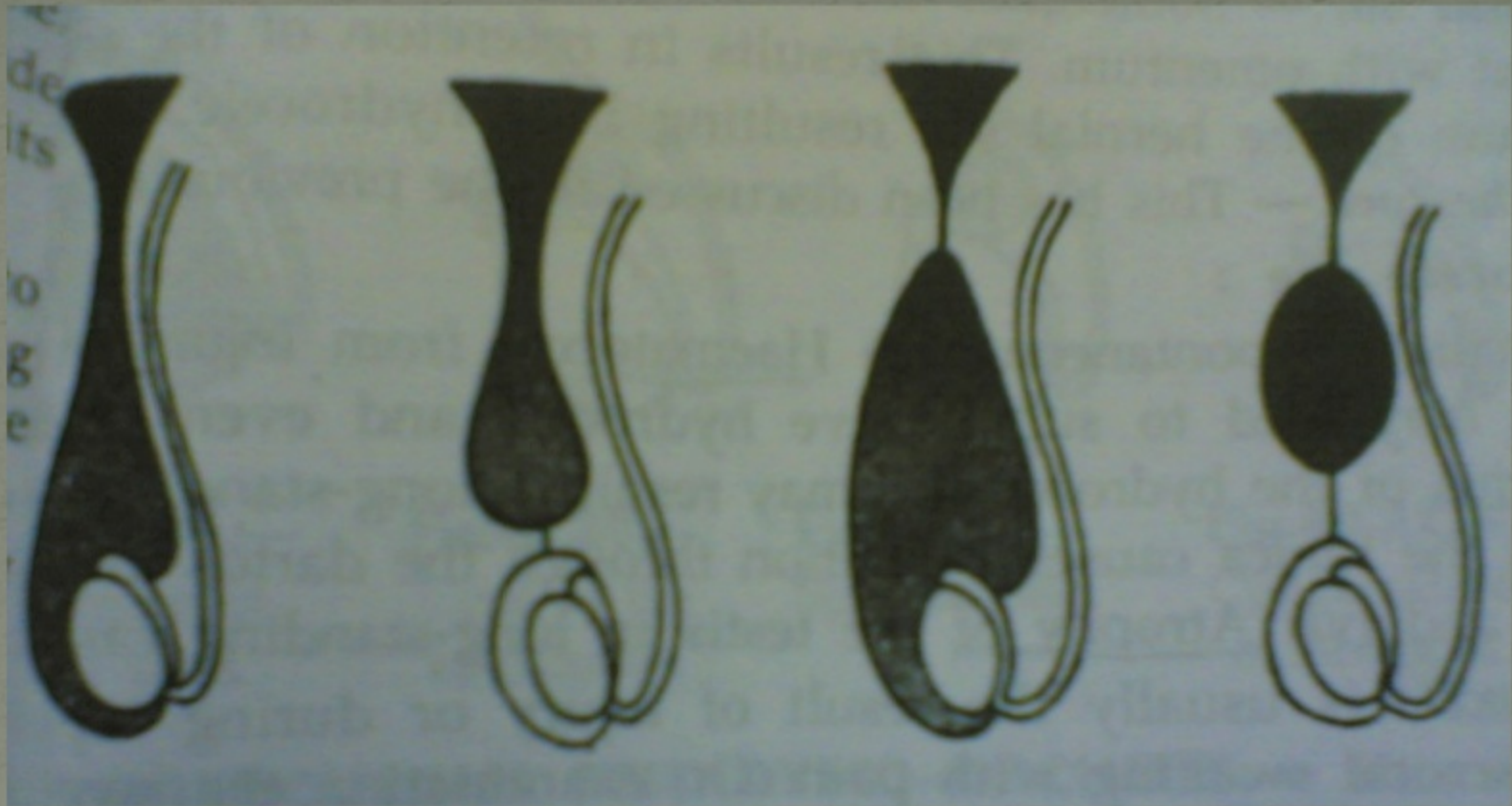
- ✓ TESTIS NO PALPABLE
- ✓ FLUCTUANT
- ✓ TRANSILLUMINANT
- ✓ CAN GET ABOVE SWELLING
- ✓ TESTICULAR SENSATION CAN BE ELICITED



TRANSILLUMINANT



GETTING ABOVE THE SWELLING



**CONGENITAL
HYDROCELE**

**FUNICULAR
HYDROCELE**

**INFANTILE
HYDROCELE**

**ENCYSTED
HYDROCELE
OF CORD**

CONGENITAL HYDROCELE:

PV COMMUNICATES WITH PERITONEAL CAVITY

INFANTILE HYDROCELE:

TUNICA & PV DISTENDED UPTO INTERNAL RING BUT
SAC HAS NO CONNECTION WITH PERITONEAL
CAVITY

ENCYSTED HYDROCELE OF CORD:

SMOOTH, OVAL SWELLING ASSOCIATED WITH SPERMATIC CORD.

➤ TRACTION TEST

BILOCULAR HYDROCELE

2 INTERCOMMUNICATING SACS ABOVE & BELOW NECK OF SCROTUM

HYDROCELE OF CANAL OF NUCK:

OCCURS IN FEMALES IN RELATION ROUND LIGAMENT
ALWAYS IN THE INGUINAL CANAL

HYDROCELE OF HERNIAL SAC:

DUE TO ADHESIONS IN HERNIAL SAC

SECONDARY HYDROCELE:

❖ INFECTIONS:

FILARIASIS

TUBERCULOSIS OF EPIDIDYMIS

SYPHILIS

❖ INJURY

POST HERNIORRHAPHY HYDROCELE

TRAUMA

❖ TUMOUR

MALIGNANCY

POST HERNIORRAPHY HYDROCELE

FILARIAL HYDROCELE:

- ❑ COMMON IN COASTAL REGION
- ❑ REPEATED ATTACKS OF FILARIAL EPIDIDYMITIS
- ❑ SIZE- LARGE SIZE WITH THICKENED SAC
- ❑ CHOLESTEROL RICH FLUID
- ❑ RESEMBLES PRIMARY HYDROCELE

COMPLICATIONS OF HYDROCELE:

1. INFECTION
2. PYOCELE, HEMATOCELE
3. INFERTILITY
4. ATROPHY OF TESTIS
5. HERNIATION OF HYDROCELE SAC (rare)
6. RUPTURE (rare)

DIFFERENTIAL DIAGNOSIS:

1. INGUINAL HERNIA
2. EPIDIDYMAL CYST
3. TESTICULAR TUMOUR
4. SCROTAL EDEMA
5. SPERMATOCELE

TREATMENT

SURGERIES:

- ❑ LORDS PPLICATION
- ❑ EVACUATION AND EVERSION
- ❑ SUBTOTAL EXCISION
- ❑ JABOULEYS OPERATION
- ❑ SHARMA and JHAWERS TECHNIQUE

- IF SAC IS SMALL THIN AND CONTAINS CLEAR FLUID
->LORDS PPLICATION –SAC IS MADE TO FORM FIBROUS
TISSUE
OR EVACUATION & EVERSION
- IF SAC IS THICK IN LARGE HYDROCELE –SUBTOTAL
EXCISION
- JABOULEYS OPERATION
- SHARMA & JHAWER TECHNIQUE



THANK YOU!