

Intra-Scrotal Lithiasis Associated With Hydrocele: A Case Report

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Abstract

Intra-scrotal lithiasis associated with hydrocele is a rare condition. In this paper, a intra-scrotal lithiasis with hidrocele case, a 41 year-old man has been reported. Our case was diagnosed with ultrasonography. On the scrotum a mass above the right testicle was observed. He was operated on as a patient with the hidrocele. The aim of our study was to examine the etiopathogenesis of scrotal calculi, which were detected incidentally in various age groups, with reference to the medical literature.

Key words: *Intrascrotal lithiasis & hidrocele*

Introduction

Intra-scrotal lithiasis associated with hydrocele is a rare condition (1,2). The etiology of scrotal calculi is unclear. Treatment of this condition is surgical: Jaboulay-Winkelmann procedure; an operation of a hydrocele. Yiloren Tanidir submitted this description: After delivering the testicle through an incision in the tunica, the majority of the sac is then resected, leaving a small cuff along the borders of the testicle. After everting the remnant, bleeding may then be controlled rapidly by a running suture closing the free edges around the cord structures.

Case Report

Our case, with a right hidrocell was 41 year-old man. In the physical examination, there was an hidrocele and also an mobile mass above the right testicle. On examination, the left side of groin, there was a normally position testicle in the scrotum as well there was a mobile smooth surface mass above right testicle. The blood cell count and serum chemistry showing no abnormalities. He was evaluated scrotal.

The ultrasound of testicle showed an large hydrocele and in which 1-inc smooth surface mass(fig. 1), so that we planned surgical operation.

In the operation; Jaboulay-Winkelmann procedure was made and subject removed. A calculus of 2,5 cm diameter was found during the surgical procedure. Postoperative complication was not seen.



Fig. 1. The mass in the hidrocell cavity.

Discussion

Intra-scrotal lithiasis associated with hydrocele is a rare condition (1,2). The etiology of scrotal calculi is unclear. They may develop as a sequel to hematomas or inflammatory changes within the scrotum or loose bodies from torsion and infarction of the appendix testis or epididymis (3). The prevalence of scrotal calculi was 2.65%, and a minority of patients had other

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abnormalities, reflecting the generally benign etiology of these "pearls." To date, no information is available in the literature about the results of chronic irritation due to scrotal calculi (3).

A stone in the hydrocele sac is very rarely encountered, whereas the occurrence of multiple stones in the hydrocele cavity has not been reported before. Numerous intrascrotal stones were encountered in the hydrocele sac of a patient during operation or by ultrasonography examination (4). The presence of calculus in a hydrocele does not change the prognosis or treatment of this condition (5).

In the case described here in, we observed abundant organic matter, particularly on the stone surface, and hydroxyapatite, particularly in the center. Among the possible etiologic causes, the deposit of organic matter in the presence of high oversaturation of calcium phosphates and absence of crystallization inhibitors, can initiate calcification and the subsequent collection of organic matter makes the process irreversible (2).

Generally it is associated with other diseases as hydrocele. Our case was associated with hydrocele too.

Hidrozel ile Birlikte Skrotal Kalkül: Olgu Sunumu

Skrotal kalkül hidrozel ile birlikte görülmesi nadirdir (1,2). Bu çalışmada 41 yaşında hidrozel ile birlikte skrotal kalkülü olan erkek olgu sunuldu. Olgumuzda sağ testis üzerinde kitle ve hidrozel ultrasonografi kullanılarak teşhis edildi. Hidrozel ve skrotumda kitle

tanısıyla opere edildi. Bu çalışmada skotal kalkülün etyopatogenesi literatür eşliğinde değerlendirildi.

Anahtar kelimeler: Intrascrotal kalkül & hidrozel

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