

**UNDESCENDED TESTES WITH ABDOMINO-SCROTAL  
HYDROCELE IN A YOUNG ADULT: A RARE CASE REPORT****Dr Bhupesh Tirpude\***

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Author****Dr Bhupesh Tirpude**  
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India.**ABSTRACT**

Abdomino-scrotal hydrocele (ASH) is itself a diagnosis by exclusion and hence proves its rarity. We report here such an interesting case of a labourer developing ASH. Patient kept hiding for 3 years with this hour glass like huge lump before reporting to us.

**KEYWORDS;** Abdomino- scrotal hydrocele; undescended testes, lump in abdomen.

**INTRODUCTION**

Abdomino-scrotal hydrocele (ASH) is a rare entity, characterized by a large scrotal hydrocele that communicates in an hourglass fashion with an abdominal component through the inguinal canal.<sup>[1]</sup> ASH begins as a large scrotal hydrocele that subsequently expands into the inguinal canal and, finally, into the abdomen. Clinical examination of the patient with inappropriate history adds to the diagnostic dilemma for this condition leading to various differentials and dependence on radiological investigations for its diagnosis. We report a case of giant unilateral hydrocele en-bisac, occupying almost the left lower abdomen and causing left hydronephrosis. To our surprise intraoperatively patient had undescended testes which makes this report rare and interesting.

**Case Report**

A 28 years old male patient presented with a huge lump in the lower abdomen extending to the left scrotum. Patient had noticed this lump 3 years back which was 5\*5 cm in size in the scrotum which extended gradually to the left lower abdomen to the present size of 25\*20 cm. On evaluation the lump was cystic in consistency with cross fluctuation test positive. Trans-illumination was negative. On USG a cystic lump extending from left lumbar and hypogastric region to scrotum with homogenous hypoechoic content of cavity was noted. CT scan

showed the same with additional features of left grade II hydronephrosis and a finding that left testes is not visualized. A diagnosis of Hydrocele en-bisac was kept. With proper preoperative evaluation and consent, patient was posted for exploration under spinal anaesthesia. Patient was operated with an inguino-scrotal incision and the wall of sac mobilized. 2.5 lit non-haemorrhagic fluid was removed and sac excised in total. Left testes identified at deep inguinal region which was atrophic. Patient was not willing for orchidectomy and hence was fixed. A posterior wall defect was present and hence a large prolene mesh size 15\*15cm was placed. A drain was kept and the incision closed. Post-operative period was uneventful and the drain removed and patient was discharged on day 3.

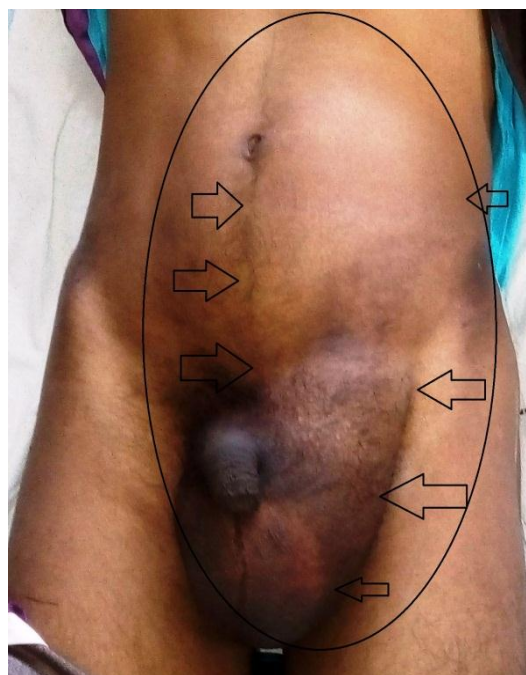
## DISCUSSION

Time since immemorial this condition was first described by Dupytren in 1834 as “hydrocele en-bisac”.<sup>[2]</sup> The preperitoneal and retroperitoneal spaces are the potential areas for the expansion of this variant of hydrocele. ASH is an unusual condition, with only 84 cases in adults and fewer than 20 cases in children reported till 1999, and this accounts for only 0.17% of all types of hydrocele.<sup>[3]</sup> The mechanisms for explaining its occurrence have been unsatisfactory. Our case being a simple presentation with presence of undescended left testes gives a vibrant picture similar to congenital undescended testes with congenital hydrocele. Thus we can probably attribute the same to our presentation only to contrast with the age of presentation in our case. Diagnosis by imaging is the investigation for choice and CT scan is always the best choice. It not only confirms the condition but also comments of the complication like hydronephrosis etc.<sup>[4, 5, 6]</sup> It can present acutely with torsion and rarely can present with mesothelioma due to neoplastic changes.<sup>[6]</sup> This helped us in taking the decision for complete excision of the sac and also operating early as this study of Dharamveer Singh et.<sup>[6]</sup> al clearly had a presentation of rupture of the lump.<sup>[7]</sup> The differentials include lymphangioma, retroperitoneal cyst, hydatid cyst pelvic neuroblastoma and diverticular disease of the bladder.<sup>[8]</sup> Though various studies have also presented with the same they have reported an upmigration of testes and our case was different and hence unique and rare. We consider this finding worth reporting and open for further discussion.

## Images



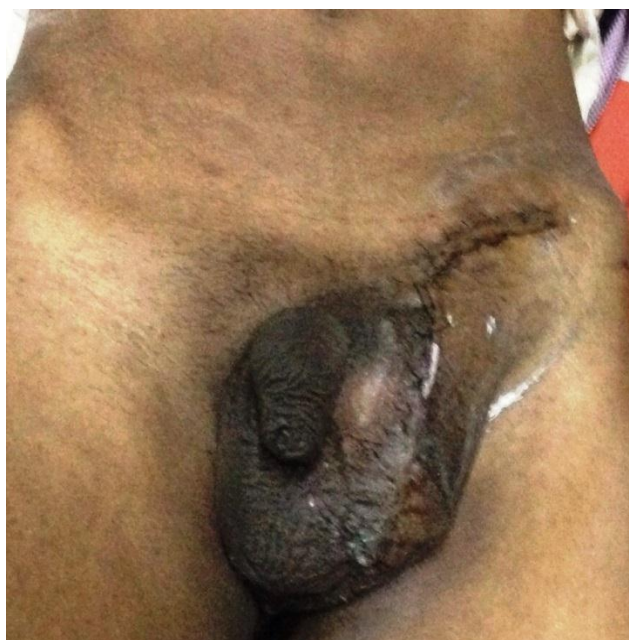
**Figure 1 An Abdominoscrotal hydrocele**



**Figure 2 Magnified ASH.**



**Fig No. 3- Hydrocele Sac**



**Fig No. 4 Postoperative Scar**

## **CONCLUSION**

Abdomino-scrotal hydrocele is rare condition with varied consequences due to pressure effect. The dilemma for its diagnosis and confusion with a hydatid or other cystic lesions is common. Hence a thorough evaluation is necessary and a possibility for this should be kept in differential. Operation and complete removal is needed to prevent complications.

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