

A Male patient with a diagnosis card of right-sided hydrocele

Your patient is an actor but you are NOT. Do what you could do as a third year student. Try to gather knowledge in advance.

Your patient is waiting to discuss about diagnosis.

You don't know anything about this patient. You are going to meet him for the first time.

The diagnosis card mentions that he had been seen in the casualty ward for a right sided scrotal pain which turned out to be a hydrocele of 2cm *1cm size. The patient wants to clarify the diagnosis and would like to know what further actions to be taken.

Hydrocele

A hydrocele is a collection of serous fluid that results from a defect or irritation in the tunica vaginalis of the scrotum. Hydroceles also may arise in the spermatic cord or the canal of Nuck.

Adult hydroceles are usually late-onset (secondary).

Late-onset hydroceles may present acutely from local injury, infections, and radiotherapy; they may present chronically from gradual fluid accumulation. Morbidity may result from chronic infection after surgical repair. Most hydroceles are asymptomatic or subclinical. The usual presentation is a painless enlarged scrotum. The patient may report a sensation of heaviness, fullness, or dragging. Patients occasionally report mild discomfort radiating along the inguinal area to the mid portion of the back.

Hydrocele usually is not painful; pain may be an indication of an accompanying acute epididymal infection. Chronically formed hydroceles appear to be larger in size than acutely formed ones. Systemic symptoms such as fever, chills, nausea, or vomiting are absent in uncomplicated hydrocele. GU symptoms are absent in uncomplicated hydrocele. Adult-onset hydrocele may be secondary to orchitis or epididymitis. Hydrocele also can be caused by tuberculosis and by tropical infections such as filariasis. Testicular torsion may cause a reactive hydrocele in 20% of cases. A general surgery evaluation is indicated for patients with a tense hydrocele that threatens to embarrass scrotal circulation. Surgical evaluation is also indicated for hydrocele producing a large and bulky mass that is unsightly or uncomfortable. All other patients are usually reassured and advised to return if pain worsens.