



**International Journal of Biology, Pharmacy
and Allied Sciences (IJBPAS)**

'A Bridge Between Laboratory and Reader'

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ANALYSIS OF SCROTAL SWELLINGS IN SBMCH

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Received 22nd Feb. 2021; Revised 20th April 2021; Accepted 6th May 2021; Available online 1st Nov. 2021

<https://doi.org/10.31032/IJBPAS/2021/10.11.57445>

ABSTRACT

One of the most common presenting complaints we encounter in the surgical clinic are scrotal swellings. There has been a change in trend in the past decade in the incidence of scrotal swellings. Earlier, studies show that hydrocele was one of the most common causes of scrotal swellings, but, in the recent past, we observe an increase in the incidence of Epididymo-orchitis as evidenced by this study.

METHODS: The study is a prospective study conducted in the OPD of Sree Balaji Medical College Hospital, Chennai of patients presenting with complaints of scrotal swelling between September 2020 to December 2020. 50 patients were selected at random for the purpose of this study. For all patients clinical study was done through questionnaires and clinical examination.

RESULTS:

We observed in our study that most common cause of scrotal swelling was epididymo-orchitis. The Second and third most common cause of scrotal swelling was hydrocele and varicocele respectively. There were other causes such as epididymitis, orchitis, epididymal cyst. The age group of 31-40 years of age was the group with the highest incidence of scrotal swellings followed by the group of 21- 30 years of age. The duration of symptoms varied from few hours to a few days to months in a few cases. The

shortest duration of symptoms detected by this study was 6 hours (Torsion testis) and longest duration was 203 days (varicocele).

CONCLUSION: The Most common cause of scrotal swelling was epididymo-orchitis with an increased incidence of varicocele cases. There was also a decreased incidence of hydrocele cases. Most common age group of scrotal swelling is 31-40 years and the presenting symptom was swelling associated with pain occasionally. No obvious predisposing factors were detected.

Most of the scrotal swelling cases treated surgically than conservatively

Keywords: Scrotal swellings, Hydrocele, Varicocele, pyocoele

INRODUCTION

Scrotal swellings are one of the commonest clinical entities which one comes across in surgical practice. Though the scrotum lies hanging down from the lower abdomen and is easily accessible for self-examination it is pitiable to note that even today we come across some late cases of testicular tumor, which is a curable disease if we come across early [1]. It is interesting to note the change in trend of presentation of scrotal swellings to the surgical outpatient department and also the age of presentation as evidenced by this study.

MATERIALS AND METHODS

Patients presenting to the surgical out-patient department of Sree Balaji Medical College and Hospital were chosen for the study at random.

SAMPLE SIZE: 50

STUDY PERIOD: SEPTEMBER 2020-
DECEMBER 2020

Inclusion Criteria:

Male patients over the age of 12, under the age of 70 were chosen for this study. Unilateral and Bilateral.

Exclusion Criteria:

1. Age less than 12 years or over 70 years
2. Patients with scrotal swelling due to complete inguinal hernia and Fournier's gangrene

SOURCE OF DATA:

All patients diagnosed to have scrotal swellings coming under the inclusion criteria of this study at Sree Balaji Medical College hospital, Chennai.

METHOD OF DATA COLLECTION:

Patients under the inclusion criteria were subjected to a thorough history and clinical examination. In addition, a few patients underwent ultrasonography of the scrotum. The follow up in these cases was generally poor. The relevant data from the 50 cases was tabulated in a master chart.

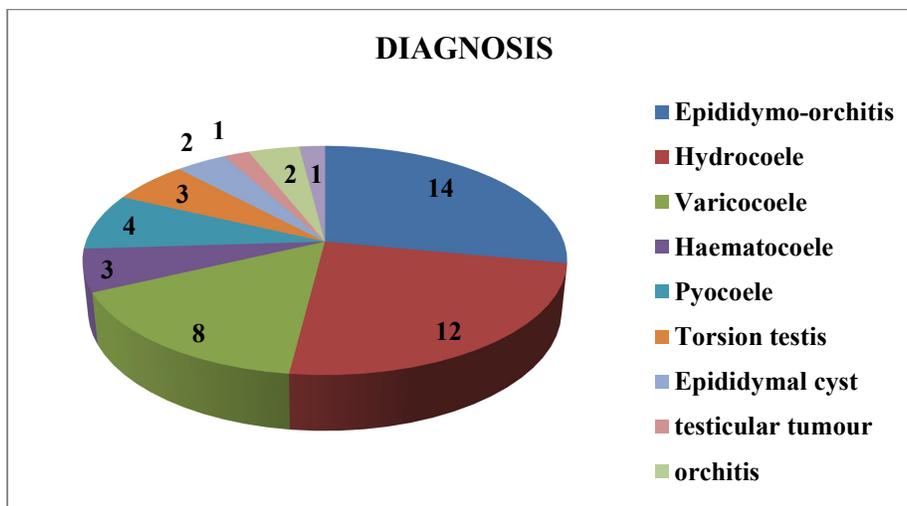


Figure 1: No of cases of each diagnosis

Table 1: % of cases of each diagnosis

| DIAGNOSIS | NUMBER OF CASES | PERCENTAGE |
|--------------------|-----------------|------------|
| EPIDIDYMO-ORCHITIS | 14 | 28% |
| HYDROCOELE | 12 | 24% |
| VARICOCOELE | 8 | 16% |
| HAEMATOCOELE | 3 | 6% |
| PYOCOELE | 4 | 8% |
| TORSION TESTIS | 3 | 6% |
| EPIDIDYMAL CYST | 2 | 4% |
| TESTICULAR TUMOURS | 1 | 2% |
| ORCHITIS | 2 | 4% |

Table 3: Duration of Symptoms

| DURATION | NO. OF CASES | PERCENTAGE |
|-------------|--------------|------------|
| 0-7 DAYS | 12 | 24 |
| 8-30 DAYS | 16 | 32 |
| 1-3 MONTHS | 7 | 14 |
| 4-6 MONTHS | 5 | 10 |
| 7-12 MONTHS | 4 | 8 |
| >12 MONTHS | 6 | 12 |

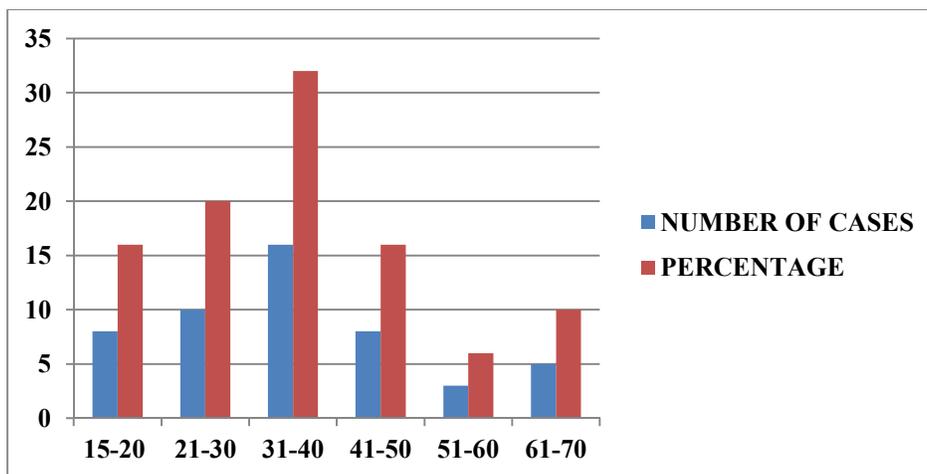


Figure 2: Age Disribution

DISCUSSION

Scrotal swellings are one of the commonest presenting complaints noted at the surgical outpatient clinic. Despite being frequently encountered, they may be misdiagnosed. Accurate diagnosis of scrotal swellings is of paramount importance, since they may range from the common ones, hydrocele epididymo-orchitis, Epididymal cyst, Spermatocele to the rare ones like malignancy causing secondary hydrocele, haematocele, pyocele, chylocele etc. Primary hydrocele is an abnormal collection of serous fluid in some part of the processus vaginalis [2].

Spermatocele is a retention cyst arising from either the vasa efferentia of the testis or from the epididymis [3]. Acute epididymitis is an inflammation of the epididymis, when infection is severe and extends to the adjacent testicle; it is referred as acute Epididymo-orchitis [4]. Chronic epididymitis refers to Epididymal pain and inflammation that last for more than 6 months. Much less common, orchitis is an acute inflammation of only the testes exclusive of epididymitis. Bacterial epididymitis or epididymo-orchitis are the most common causes of scrotal pain in adults while torsion is more common in a younger age group [5]. Scrotal swellings in addition to history and clinical examination require ultrasonography in order to establish

the diagnosis and Doppler to ensure vascularity of the testes. The majority of Epididymo-orchitis settle with conservative management [6]. Hydrocele in our institute was treated by eversion of sac and post operative scrotal support. Corrugated drains was placed in a few cases and were removed between 24-48 hours. The commonest complications encountered were pain, haematoma and wound infection. Torsion testis was treated by orchidectomy of the affected side. Patients with pyocele and haematocoele underwent scrotal exploration and definite surgery was decided on table. Most of the patients were discharged between post operative days 4-5.

CONCLUSION

Scrotal swellings formed a good percentage of the total surgical admissions in SBMCH between September and December 2020. The cases that could be treated conservatively were managed on out-patient basis. A total of 28 cases underwent surgery for various causes described. This study shows us the increasing trend of epididymo-orchitis in the surgical OPD. Early diagnosis and management will improve the quality of life of the patients.

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