

Case Report

Eggshell Calcification of Hydrocele Sac - A Rare Case

Dinesh Kumar Barolia, S. P. Gupta, Deepak Sethi, Minaxi Sharma

Department of General Surgery, R.N.T. Medical College, M.B. Govt. Hospital, Udaipur, Rajasthan, India

Corresponding Author: Dinesh Kumar Barolia

*Received: 04/02/2016**Revised: 19/02/2016**Accepted: 20/02/2016*

ABSTRACT

Eggshell calcification of hydrocele sac is not a common entity. Very few cases of calcification of hydrocele sac have been reported in literature. It is very difficult to diagnose calcification of hydrocele sac before operation without help of radiological investigation. We report a case of 70 year old man presented with left scrotal hard swelling, ultrasonography and CT scan report diagnosed as eggshell calcification of hydrocele sac which is a rare entity.

Key words: Calcification, Eggshell Calcification, Calcified Hydrocele, Hydrocele, Rare case.

INTRODUCTION

A hydrocele is an abnormal fluid collection within the tunica vaginalis of the scrotum. Calcification of hydrocele sac is a rare complication. ^[1] In 1935, published case by Kickham CJE "Calcified hydrocele of the tunica vaginalis testis: case report" was the first reported case of calcified hydrocele sac. He found intraoperatively 15cc. milky fluid in hydrocele sac and calcified wall of hydrocele sac. ^[2]

CASE REPORT

A 70 year old man presented with left scrotal swelling in surgical outdoor. Patient had swelling since 15 years. Initially swelling was small in size, gradually increased in size. There was no history of trauma to scrotum. On clinical examination, there was a left scrotal swelling, hard in consistency, non-tender, no separate testis palpable, and no cough impulse. Getting above the swelling was present. Trans illumination was absent. The right testis was palpable and normal in size. On ultra sonography it was diagnosed query organized haematocele and peripheral

calcification. CT scan showed a well-defined fluid density cystic lesion and peripheral calcification in left scrotum. His blood investigations like complete blood count, clotting time, bleeding time, serum creatinine, and blood sugar were within normal limit. He was operated in plan operation theatre. After spinal anaesthesia, painting and draping was done. Scrotum was open by left longitudinal incision. Hydrocele sac was separated from scrotum. Size of sac was 10 x 7 x 6 centimeter. Hydrocele fluid was drained after giving incision in sac. Hydrocele sac was excised completely after preserving testis and cord. Sac was too hard to cut. Interior of the sac was yellowish in color. After achieving hemostasis, testis was placed in scrotum and a drain was placed. Wound site closed and dressed. Drain was removed after 48 hours. Patient was discharged on fifth post-operative day without any complication. In follow up, wound scar of patient was normal. On biochemical and cytology of the hydrocele sac fluid showed cholesterol crystal with lymphocytes. Histopathology report of sac showed dystrophic

calcification and chronic inflammatory infiltration in cyst wall.



Fig: 1 - Hydrocele sac.

Fig: 2 - interior of hydrocele sac showing testis and calcification.

Fig: 3 - Histopathology of sac showed dystrophic calcification and chronic inflammatory infiltration in cyst wall.

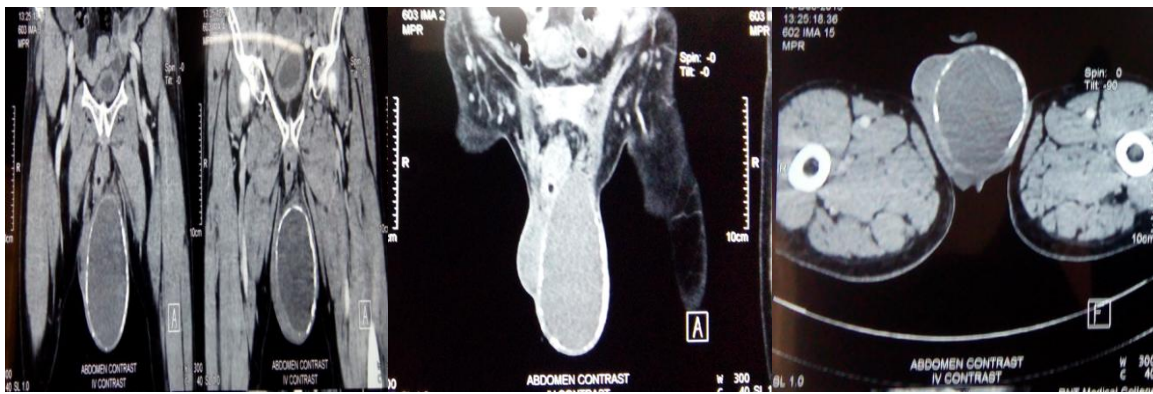


Fig: 4 - Various view of computed tomography showing calcification of hydrocele sac.

DISCUSSION

Calcification of hydrocele sac is a rare presentation. Hydrocele is defined as collection of serous fluid in tunica vaginalis of scrotum. It is either due to excessive secretion of serous fluid by tunica vaginalis or decrease absorption of fluid. Etiology of calcification of hydrocele sac is not clear but most of the literature proposed that calcification is secondary to chronic irritation. [3,4] *Schistosoma haematobium* is also responsible for tunica vaginalis calcification. [5] Intrascrotal calcification in layers of testis can be seen in chronic diseases like tuberculous epididymo-orchitis, mostly after taking antitubercular medicine. [6,7] Treatment for primary hydrocele is open surgery, which is common in practice.

CONCLUSION

Eggshell calcification is a rare presentation in hydrocele. It is the rare

complication of longstanding hydrocele. Surgical excision of hydrocele sac is the treatment of choice in calcified hydrocele. This also differentiates other pathology of testis like testicular malignancy which is difficult to rule out clinically without radiological investigations.

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How to cite this article: Barolia DK, Gupta SP, Sethi D et al. Eggshell calcification of hydrocele sac - a rare case. *Int J Health Sci Res.* 2016; 6(3):305-307.

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