Accidental Rupture of Hydrocele
A Case Report

Viroj Wiwanitkit

INTRODUCTION
Of several male genital tract disorders that present as a mass, hydrocele is a common pathological condition. The easy way to confirm the diagnosis of hydrocele is the translucent test, and surgery is the recommended modality for its management. Herein, we report a case of hydrocele that is accidentally ruptured, without subsequent serious complication.

CASE REPORT
A 24-year-old man presented with accidental rupture of a mass in his genitalia. He noted that the rupture had occurred about 2 hours before. His past history showed that he had been diagnosed with right side hydrocele for about 4 years. He had been suggested to have a surgery for hydrocele, but he refused.

The mass in his genitalia was recorded to be about 2 × 2 × 3 cm. Ultrasonography confirmed the nature of hydrocele. The patient reported that he had got accidental attack by a big box during his daily work on that day and he had felt sudden pain as well as decreased size of mass in his genitalia.

DISCUSSION
Basically, the hydrocele is a benign cystic mass. In this report, the patient had a clear history of attack by a heavy box, which resulted in the sudden rupture of the hydrocele. In this patient, the indication for surgical management had been already reached before, but the patient refused the surgical procedure.

The accidental rupture in this subject led to a sudden decrease in size of the mass, which made the patient refer to the physician. Indeed, this condition is not common. The clinical presentation of hydrocele may be minimal scrotal discomfort, disappearance of turgescence, late ecchymosis, and localized edema in the penis and scrotum. Bleeding can also be expected. The ruptured hydrocele can be a serious condition; however, it might be symptomless.

This patient was managed conservatively and there was no serious complication. However, the ruptured hydrocele without any serious complication is very rare.

CONFLICT OF INTEREST
None declared.

REFERENCES
2. Junnila J, Lassen P. Testicular


