

Case 121 A swelling in the scrotum



Figure 121.1 Figure 121.2 Figure 121.3

Figure 121.1 is of the scrotum of a man of 45 years who had noticed a lump in the right side of the scrotum about a year previously. This was entirely painless and did not really bother him. However, as it was slowly getting bigger, he decided to report to his doctor, who referred him to the surgical outpatient clinic.

Describe the steps you would take in the examination of a scrotal swelling such as this one

When examining any scrotal swelling, the following three points should be considered in turn:

1 Can your fingers meet above the swelling? If this is not possible, the swelling arises from within the abdomen, and the mass is an inguino-scrotal hernia.

2 If you can palpate clearly above the swelling, is the swelling cystic? If the mass is cystic on transillumination and the testis can be felt distinctly separately from the mass, the swelling is a cyst of the epididymis. However, if the testis cannot be felt separately because it is situated within the cyst, it is a hydrocele.

3 However, if the swelling is solid, the following must be considered:

- The swelling is a solid mass in the testis – it is a testicular tumour (today, a gumma of the testis is a rarity).
- The epididymis is involved – almost always an inflammatory condition, acute or chronic epididymitis. The latter is either tuberculous, which is uncommon in the UK, or the residual chronic thickening that may persist for many months after an acute pyogenic epididymitis which has been treated with an antibiotic.

This scheme of examination is shown in Fig. 121.2.

In this patient, the fingers could meet easily above the swelling, which was smooth, non-tender, cystic and which could be felt to be separate from the right testis, which lay inferiorly to it. The room was darkened and the scrotum transilluminated with a torch, as shown in Fig. 121.3.

What does this demonstrate, and what now is your diagnosis?

The mass transilluminates brilliantly – it is a cyst that is separate from the adjacent testis below it, and is therefore an epididymal cyst.

What may be the appearance of the contents of this cyst, and how does this contrast with the fluid in a hydrocele?

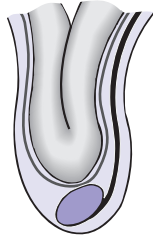
The fluid in an epididymal cyst may be water-clear or may be milky in appearance. It may occasionally contain

Part 2: Cases

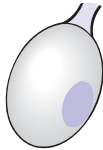
(1) Can I get above it?

If not, it is an inguinal hernia

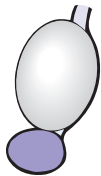
If so, it is a primary scrotal swelling



(2) Is it cystic?



No palpable testis
– hydrocele



Testis felt separate
– cyst of epididymis

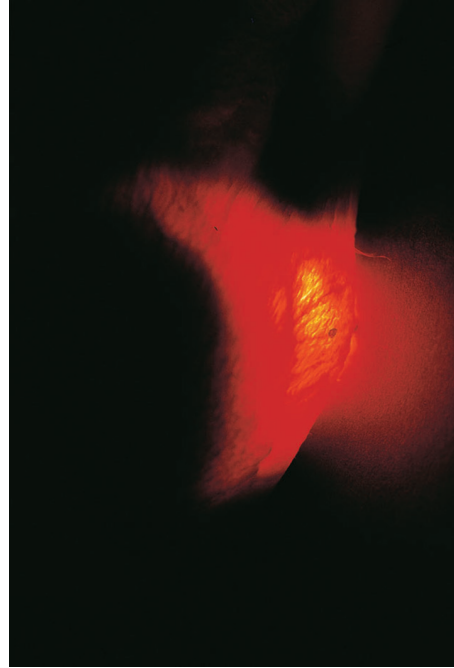
(3) Is it solid?



Confined to
testis –
tumour or
gumma (rare)



Epididymis –
chronic epididymitis:
probably TB or
residuum of
acute infection



What treatment would you advise in a patient with this condition?

A small cyst, which does not bother the patient, can be left alone. The patient is reassured that he has a simple benign cyst. If he is worried about the lump, it can be removed surgically, leaving the testis and epididymis intact. Simple aspiration of the cyst gives only temporary relief, as it invariably slowly refills.

sperm, hence the now discarded name of 'spermatocele'. In contrast, hydrocele fluid is yellow.

Can cysts of the epididymis be multiple, and can they be bilateral?

The answer to both questions is yes – and not infrequently so.