

Case Report

Giant Spermatocele Mimicking Hydrocoele in a Leukemic Patient

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Introduction

Scrotal swelling is one of the common complaints in males that can be attributed to a number of causes. Scrotal swelling in elderly patients warrants surgical attention to rule out malignancy.

Other causes of scrotal swelling are hydrocoele, torsion, hernia, orchitis, spermatocoele. Hydrocele is a benign scrotal swelling that is usually transilluminant. This is a case report of an elderly male, known case of Chronic lymphocytic leukemia, who was operated for right sided hydrocoele which intraoperatively turned out to be spermatocele.

Case Report

78-year-old male,known case of Chronic lymphocytic leukemia,presented to the outpatient department with history of right sided scrotal mass,about the size of cricket ball for 3 months. Swelling was associated with dull pain,did not reduce on lying down.

He was a known case of Chronic lymphocytic leukemia with past history of appendectomy.

On examination, there was a right sided scrotal swelling about 7×8cm, transillumination test was positive. Cough impulse was negative. Right sided testis was not palpable, left sided testis was palpable.

Ultrasonography showed moderate right sided hydrocoele.





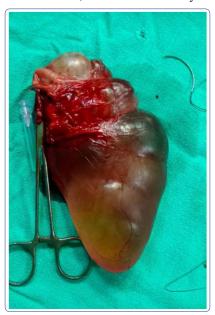
Peripheral blood smear showed lymphocytic picture with 85%lymphocytes with few pro lymphocytes. Platelet count was 2.3 lakes and TLC was 25,960.

Patient was operated under spinal anaesthesia. Right sided scrotal incision was made. The swelling turned out to be a large spermatocele.



J of Sur Out & Inno, 2025 Page 1/2

The spermatocoele was excised intact, after meticulous dissection. Haemostasis was achieved, scrotum closed in layers.



The spermatocele was 7×9cm, was sent for histopathology, which confirmed this diagnosis.

The patient was discharged on 2nd postoperative day. His recovery was uneventful.

Discussion

Spermatocele appears on the head of the epididymis, mostly due to the partial or complete obstruction of one of the efferent ductules [1]. It is commonly unilateral, solitary, less than 1 cm in diameter, and therefore it is often asymptomatic [2,3].

Surgery is usually recommended when the diameter of the spermatocele reaches 4 cm and if it is associated with symptoms that cause the patient discomfort, such as cosmetic concerns or scrotal pain (as is the case in the present report) or if there is an associated hernia or hydrocele [1,4-6].

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J of Sur Out & Inno, 2025 Page 2/2