CODEN (USA): IAJPBB ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

http://doi.org/10.5281/zenodo.439277

Available online at: http://www.iajps.com *Research Article*

CLINICAL CHARACTERISTICS ANDPOSTOPERATIVE COMPLICATION OF PATIENTS UNDERWENT HYDROCELE SURGERY AT TERTIARY CARE HOSPITAL

Dr. Qambar Ali laghari[1], Dr. Shahnawaz Abro[2], RasoolBux Behan[3], Dr. Rafiqoue Hingoro[4]

[1] (Assistant professor), General surgery Department of.LUMHS
[2] (Assistant professor), Department of general surgery LUMHS
[3] (Assistant professor), Department of general surgery LUMHS
[4] General Medicine, Department of LUMHS

Received: 10 March 2017 **Accepted:** 25 March 2017 **Published:** 28 March 2017

Abstract:

Objective: *To assess theclinical characteristics, post-operative complications and recurrences rate in patients were underwent hydrocele surgeries at tertiary care Hospital.*

Material and methods: *This was the prospective study, and has been carried in the general surgery department of LUH/Jamshoro. Study duration was one year 2014 to 2015. All the cases were selected from OPD of general surgery and after diagnosis of hydrocele were admitted in the ward for surgical treatment. All the selected patients were underwent different surgical procedures according to conditions. After surgeries patients were discharged on stable condition, and were advised for routine follow up for minimum 6 months. During follow-up period all the postoperative complications and recurrences rate were documented in the predesigned proforma.*

RESULTS: *Total 41 cases were incorporated with diagnosis of hydrocele; mean age was found41.43+4.04 years.Right was more involved in 65.85% patients as compare to left side 34.15%.Swelling was in all cases, feeling discomfort found in 80%, following by pain, nausea and vomiting were found with percentage of 14.63% and 9.75% respectively. According to postoperative complications pain was in 04(09.75%), haematoma in 2 cases, edema was found in 3 patients, while recurrences was found in 2 cases out of 41, and 10 cases were not come in follow-up.*

CONCLUSION: *In present study it is concluded thatpostoperative complications and recurrences rate of hydrocele was very low as compare literature. Surgical techniques should be applied according disease condition and its severity*

Key words: *Hydrocele, clinical characteristics, postoperative complications*

Corresponding author:
Qambar Ali laghari,
Address: LUH Hyderabad.
Number: 0313-2851728
dr.sajidarain@gmail.com

QR code

Please cite this article in press as Qambar Ali laghari et al, ***Clinical Characteristics and Postoperative Complication of Patients Underwent Hydrocele Surgery at Tertiary Care Hospital****, Indo Am. J. Pharm. Sci, 2017; 4(03).*

INTRODUCTION:

Hydrocele is theunusual collection of the serous liquid in possible space in between parietal and the visceral layer of tunica vaginalis [1]. In the dominant part of influenced adolescent, hydrocele is the idiopathic and is the acquired in origin [1]. It ispronouncedin 15thcentury throughambroise Pare. Hydrocele is the most widely recognized reason for painless non intense scrotal swelling in themales [2]. It is most well-known kind scrotal swelling, with an expected rate of 1% of the grown-up male gender population [3,4]. Hydroceles may vary in size yet a large portion of the cases are asymptomatic. Acquired hydroceles is typically increased gradually and not that the greatly alarming. Bigger hydroceles may resulting prolonged pain in scrotum or in the lower back and scrotal injury causes like as testicles [5,6]. Communicating hydrocele might be of little size in every morning except become greater everywhere throughout the day as the patient is exercised.Marked characteristics on clinical examination are the smooth tense mass of scrotum which trans-illuminates up certainly. It may helpful in recognizing a hydrocele from the hernia or the mass, strong in the nature. Communicating hydrocele might be occur with the inguinal herniaindirect [7]. A hydrocele frequently happens on one side, yet can likewise influence both sides.The collection can be the marker of injuryphysically, contamination, tumors, infection or the surgery of the varicocele [8] however the cause is usually unknown. Indirect inguinal hernia can increase the cause of hydrocele. A hydrocele testis may not usually believe to affect fertility. Though, it might be demonstrative of different variables that may influence fertility. A large portion of the patients deny the specialist for surgical methodology of hydrocele as a result of shyness and fear of improvement of infertility and impotence [9,10]. Several operative and non-operative management option for the hydrocele and as different surgical techniques are using for the hydrocelectomy. All procedures are using by the surgeons but still it has been reported that among the different procedure which method is more suitable and with less complications. Different studies showed different rates of post-operative complications with big difference [5,11,12]. Therefore aim behind this study was to assess the postoperative complication rate after hydrocele surgery in our setup.

MATERIAL AND METHODS:

This was the prospective study, and has been carried in the general surgery department of Liaquat University Hospital Hyderabad/Jamshoro. Study duration was one year 2014to 2015. All the cases were selected from OPD of general surgery and after diagnosis of hydrocele were admitted in the ward for surgical treatment. After admission all the routine lab investigations were carried. Repeat ultrasound of pelvis and scrotum was done. All the cases less than 18 years of the age, having severe co morbidities like uncontrolled diabetes and chronic hepatitisetc, were excluded from the study. Patients had diagnosed with carcinoma were excluded, and those were suspected for carcinoma referred for further investigations and required treatment. All the selected patients were underwent different surgical procedures according to conditions. Surgeries were done by experienced and skilled surgeons more than 5 years' experience. After surgeries patients were discharged on stable condition, and were advised for routine follow up for minimum 6 months. During follow-up period all the postoperative complications and recurrences rate were documented in the predesigned proforma. All the data was recorded in the proforma and analyzed in SPSS program version 20.

RESULTS:

In our study total 41 cases were incorporated with diagnosis of hydrocele, mean age was found41.43+4.04 years, history of hydrocele was found less than 1 year in 25(60.97%) patients and more than 1 year was in 16(39.02%). Right was more involved in 65.85% patients as compare to left side 34.15% results showedin **Table:1.**

According to the clinical characteristics swelling was in all cases, feeling discomfort found in 80% of the cases, following by pain, nausea and vomiting were found with percentage of 14.63% and 9.75% respectively results showed in **Fig:1.**

according to postoperative complications pain was in 04(09.75%), haematoma in 2 cases, edema was found in 3 patients, while recurrences was found in 2 cases out of 41, and 10 cases were not come in follow-up. **Table:2.**

Table: 1: Basic characteristics of the patients
n=41

Basic variables	Frequency/%
Age(mean+SD)	**41.43+4.04 years**
Duration of illness <1year >1years	 25(60.97%) 16(39.02%)
SITE Right Left	 27(65.85%) 15(34.15%)

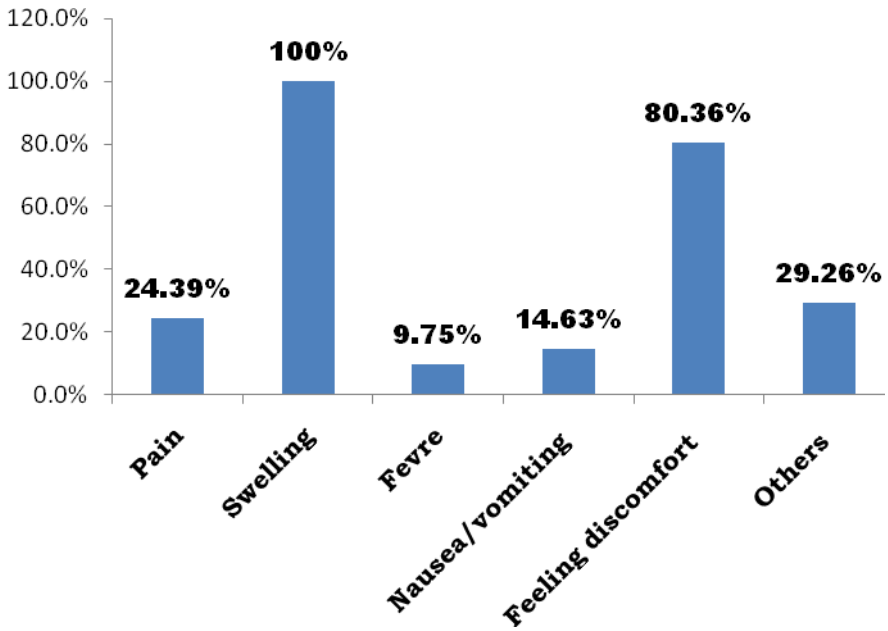

Fig: 1.Clinical characteristics n= 41

Table 2: Postoperative complicationsn=41

Complications	Frequency(%)
Pain	04(09.75%)
Haematoma	02(04.87%)
Infection	03(07.31%)
Recurrences	02(04.87%)
Edema	04(09.75%)
Feeling heaviness	03(07.31%)
Not in follow-up	**10(24.39%)**

DISCUSSION:

Hydrocele is the common surgical event in adult population. In this study 41 cases were treated surgically, to see the postoperative complications and recurrences rate in patients those were under went hydrocele surgery. We select surgical procedures according to the age disease condition and its severity, not a particular technique has been carried out. In mean age of the patients was 41.43+4.04 years. Similarly in the study of Latif U et al [13] reported age range between 15-75 years. On other hand **Jat N** et al [14] found comparable findings as hydrocele is common in 30-40 years age group. In this study right was more involved in 65.85% patients as compare to left side 34.15%. in favor of our study Latif U et al[13] stated that hydrocele mostly present on right side in 56% cases, 42% patients had left side hydrocele and 2 cases had bilateral, while in our series no any cases was found with bilateral hydrocele.

In this study according to the clinical characteristics swelling was in all cases, feeling discomfort found in 80% of the cases, following by pain, nausea and vomiting were found with percentage of 14.63% and 9.75% respectively. Similar finding were reported in some previous studies as clinical appearance of a painful scrotal mass [15], In another study showed that common presenting feature was scrotal swelling, and in some patients found presentation of discomfort [16]. On other hand Jamaluddin MU et al [17] also found some comparable clinical presentations.

In our study very low rate was found of postoperative complications as; pain was in 09.75% patients, haematoma in 2 cases, edema was found in 3 patients, while recurrences were found in 2 cases out of 41, and 10 cases were not come in follow-up. Jamaluddin MU et al [17] reported that post-operative complications very minimal as 18% hematoma and 04% cases had developed wound infection and no recurrence had found, these finding are some different from our study as well as in our study haematoma prevalence in very low and recurrences in 2 cases.**Jat** Net al [14] reported that post-operative recovery was goodnosevere morbidity, wound infection and recurrence found in Hydrocelectomy

Supra Public and aspiration techniques. While haematoma was in 9 cases out of all, further he reported that commonest complication was wound infection42.8% and 10% in the Jaboulay's and Lord's respectively. This little difference between these studies may due to our study contain small sample size and treatment techniques were used according to disease condition and severity, no any particular techniques has been carried out.

CONCLUSION:

In present study it is concluded thatpostoperative complications and recurrences rate of hydrocele was very low as compare literature. Surgical techniques should be applied according disease condition and its severity, our study was contain small sample size, more big sample size studies are needed in future.

REFERENCES:

1.Cimador M, Castagnetti M, De Grazia E. Management of hydrocele in adolescent patients. Nature Reviews Urology. 2010 Jul 1;7(7):379-85.

2.Rubenstein R A., Dogra, V S., Seftel, A D. &resnick, M I. Benign intrascrotal lesions. J. Urol. 2004;171; 1765–1772

3.Mihmanli I, Kantarci F, Kulaksizoglu H, et al. Testicular size and vascular resistance before and after hydrocelectomy. AJR Am J Roentgenol. 2004;183:1379-1385.

4.Mihmanli I, Kantarci F. Sonography of scrotal abnormalities in adults: an update. DiagnIntervRadiol. 2009;1:64-73

5.Kiddoo, D.A., Wollin, T.A. and Mador, D.R. A population based assessment of complications following outpatient hydrocelectomy and spermatocelectomy. J Urol., 2004;171:746-8.

6.Swartz MA, Morgan TM, Krieger JN. Complications of scrotal surgery for benign conditions.Urology. 2007 Apr 30;69(4):616-9.
7.Chiang HC, Chen PH, Chen YL, Yan MY, Chen CC, Lin J, Wang PF, Shih HJ. Inguinal hernia repair outcomes that utilized the modified Kugel patch without the optional onlay patch: a case series of 163 consecutive patients. Hernia. 2015 Jun 1;19(3):437-42.
8.Esposito C, Valla JS, Najmaldin A, Shier F, Mattioli G, Savanelli A et al. Incidence and management of hydrocele following varicocele surgery in children. The Journal of urology. 2004 Mar 31;171(3):1271-3.
9.Dados N, Tmski D, Keros P, Rados j. The biochemical aspect of testis hydrocele.Acta Med croatica 1996; 50 (1): 33-36.
10. Ahorlu C K, Dunya S k, Asamoah G, Simonsen P E. Consequences of hydrocele and the benefit of hydrocelectomy: a qualitative study in lymphatic flariasis endemic communities on the coast of Ghana. Acta Trop 2001; 20 (3) 215-221.
11.Swartz MA, Morgan TM, Krieger JN. Complications of scrotal surgery for benign conditions.Urology. 2007;69:616-619.
12.Kim JK, Shin JH, Lim JS. 10-Year retrospective study of the operative treatment results of adult type hydrocele. Korean J Urol. 2008;49:82-87.
13.Latif U, Quddus M, Abid M. Hydrocele; surgery vs. sclerotherapy.Professional Med J Mar 2008; 15(1): 125-128.
14.Jat N, Bano F, Memon IA, Memon MS, Azmi MA. Primary vaginal hydrocele; different surgical procedures: a comparative study. Professional Med J 2014;21(5):879-882
15.Sidler, D., Brown, R.A., Millar, A.J., Rode, H. and Cywes, S. A 25-year review of the acute scrotum in children.South African Medical Journal. 1997;87;12: 1696-98.
16. Hajgaard Rasmussen H, SchrA der P. Testicular hydrocele: an initial sign of colon carcinoma. Case report.ActaChirScand 1988; 154(1): 65-66
17. Jamaluddin MU, Alam TA, Khan RA, Abbas SM. Results of surgical management of primary vaginal hydrocele in patients of all ages in ASH. Pakistan J Surg. 2009;25(3):190-4.