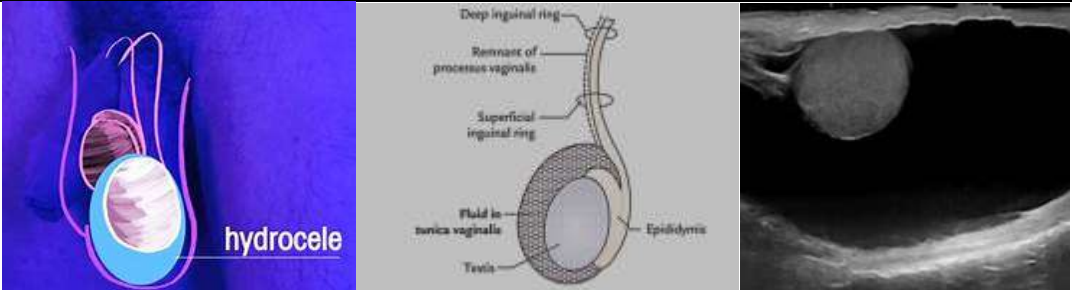
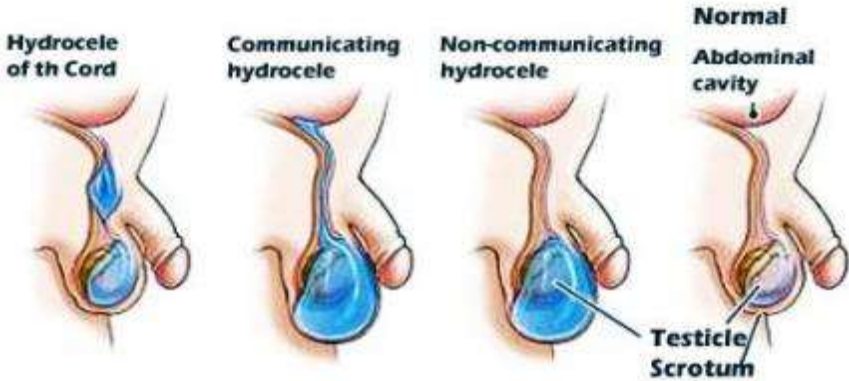


XX. Diseases of the Male Genital System

Hydrocele IV- Z.26	
Scrotum:	Is swollen,
Testis:	Is rather small in size (atrophied) Flattened Shows a dilated sac
The sac (tunica vaginalis):	Is single Dilated and distended with fluid
Wall:	Is smooth Lining Is fibrosed
	
<p>N.B.: Hydrocele (accumulation of clear serous fluid other than pus or blood in the tunica vaginalis), may be:</p> <p>1. Idiopathic (primary) :</p> <ul style="list-style-type: none"> (a) Failure of the processus vaginalis to close completely (incomplete obliteration) → seeping of peritoneal fluid. (b) Congenital processus vaginalis. (c) Systemic oedema as in cardiac failure. 	
	

2. Secondary to:

(a) Acute conditions:

- i. **Trauma.**
- ii. **Inflammation of the testis.**

(b) Chronic diseases:

- i. **Tuberculosis.**
- ii. **Syphilis.**

(c) Tumour.

The hydrocele, or a sac-with-fluid in the scrotum, may be:

1. Hydrocele of tunica vaginalis:

Contains an inflammatory fluid

(a) In acute hydrocele (as in gonorrhoea),
the fluid is:

- Moderate.
- Turbid,
- **Fibrino-purulent.**

The sac is:

- *Thin.*

(b) In chronic hydrocele, the fluid is

- Excessive.
- Clear.
- Thin watery and yellow.

The sac is:

- Thick fibrous.
- **Hard calcareous.**
- Divided by fibrous tissue into loculi.
- Later still → atrophy of testicle.

2. Congenital hydrocele:

- This communicates by a small pore with the abdominal cavity and the fluid collects in the non-obliterated processus vaginalis.

3. Infantile hydrocele:

- Where there is partial obliteration of the processus funicularis and, the hydrocele passes for a varying distance along the spermatic cord.

Complications :

1. *Rupture and Haematocele.*
2. *Inflammation; and, if infected (through tapping) fibrous wall + pus → shaggy thick*

