

# An Intrasrotal Mass Resulting From Hydatid Disease in An Elderly Patient: A Case Report

YAŞLI BİR ERKEKDE KİST HİDATİK SONUCU OLUŞAN İNTRASKROTAL KİTLE:  
OLGU SUNUMU

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## Abstract

A sixty-year-old man with an initial diagnosis of hydrocele of the cord on whom an inguinal orchiectomy was performed is presented. Surgical and histopathological examination of the specimen revealed it to be an intrascrotal hydatid cyst. Though an uncommon occurrence in the scrotum, hydatid disease should be taken into consideration as a differential diagnostic possibility of an intrascrotal mass in endemic areas.

**Key Words:** Hydatid cyst, scrotal mass, echinococcus

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## Özet

Kord hidroseli ön tanısı ile inguinal orşiektomi yapılan 60 yaşındaki hastanın çıkartılan materyalinin cerrahi ve histopatolojik değerlendirilmesi, intraskrotal kist hidatik şeklinde olmuştur. İntraskrotal bu hastalık, çok seyrek görülmekle birlikte endemik bölgelerde skrotal şişliği olan hastalarda akılda tutulması gerekir.

Bu olgu literatür eşliğinde tartışılmıştır.

**Anahtar Kelimeler:** Hidatik kist, skrotal şişlik, ekinokokkus

**A**n intrascrotal mass resulting from hydatid disease is one of the uncommon causes of scrotal swelling. Although many conditions are encountered in its etiology, scrotal swelling resulting from hydatid disease have been reported for only four patients.<sup>1-4</sup>

Hydatid disease should be taken into consideration as a diagnostic possibility for a intrascrotal mass in endemic areas.

## Case Report

A sixty-year-old man whose past history was noncontributory, was hospitalized because of painless intrascrotal mass. Bimanual examination

of the scrotum showed that both testicle were palpable and in the left hemiscrotum, the mass was painless, cystic, transilluminable, 8x8 cm in size. There were no other pathological findings. Urinalysis, blood count and chest roentgenogram were normal.

The surgical operation was planned due to the diagnosis of hydrocele of the cord and performed by the left inguinal incision. The cystic mass was continuous with the spermatic cord and containing tissue debris. During dissection of the cystic mass which was located intravaginally, the capsule of the mass was ruptured. Clear fluid was drained and the germinative membrane through the rupture was appeared. The appearance of the germinative membrane clarified the etiology to be hydatid cyst. This mass was a hydatid cyst but not a hydrocele of the cord. Resection of the whole structure, radical orchiectomy, was performed. Histopathological examination also showed that it was a intrascrotal hydatid cyst (Figure 1).

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**Figure 1.** The pathological appearance of the germinative membrane in the scrotal hydatid cyst.

### Discussion

The hydatid is the larva form of *Echinococcus granulosus*, whose definitive host is the dog and whose principal intermediate host is the sheep. The major endemic loci of hydatidosis are sheep-herding areas, such as Argentina, Greece, Spain and the Middle East.<sup>5</sup>

In the urogenital sites, hydatid cysts evolve by the slow, asymptomatic, concentric growth over years and may invoke pressure symptoms, depending on these location and size.

In endemic areas, this disease is also a common cause of hospitalization. In humans, the cysts are commonly located in the liver, lung and brain. In addition to these sites, such locations as kidney, pancreas, heart, thyroid, salivary glands and bone are rare.<sup>6</sup> It was showed that only four patients whose intrascrotal hydatid cyst was uncommon had been reported.<sup>1-4</sup>

The differential diagnosis of a intrascrotal mass includes tumor, epididymitis, epididymal cyst, epididymo-orchitis, testicular torsion, and less commonly, hernia, hydrocele, spermatocele,

varicocele, hematoma, and hamatocele. When careful bimanual examination of the scrotum reveals an intrascrotal mass, with or without an associated epididymal mass and tenderness, these mass should be distinguished. A transscrotal ultrasound is a widely available, rapid, sensitive, noninvasive, and inexpensive way to determine the intrascrotal mass. Color Doppler ultrasound might occasionally help differentiate testicular torsion.<sup>7</sup> If hydatid disease is suspected, its diagnosis can be made by radiographs or CAT scans, which show a thick-walled, fluid-filled spherical cyst, often with a calcific cyst wall. When the radiographic appearance is not diagnostic, Casoni skin test with hydatid fluid antigen or complement fixation and hemagglutination inhibition serologic testing have proved useful.

In endemic areas, the rare occurrence of this disease in the scrotum should be kept in mind.

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