

Multicystic Recurrence of Hydrocele Testis after Sclerosing with Polidocanol Followed by Spontaneous Cure

L. A. FARIÑA, H. VILLAVICENCIO

Urology Service, Fundación Puigvert, Barcelona, Spain

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Scrotal ultrasound has been used to confirm the resolution of hydrocele testis after sclerosing with different solutions, and so, early recurrences with a multicystic appearance were occasionally observed. This finding was considered a complication of the sclerosant treatment needing a surgical option [1]. We have observed that a multilocular recurrence of hydrocele after percutaneous sclerosing with polidocanol is frequently followed by spontaneous cure.

Material and method

We treated 20 consecutive, non-selected adult male patients complaining of symptomatic unilateral hydrocele testis that was confirmed by scrotal ultrasound. According to a previous report [2], the fluid was completely aspirated and 2 ml of a 3% solution of polidocanol (Etoxiesclerol®, Bama-Geve, Barcelona, Spain) were injected into the sac. Volume of aspirated fluid ranged from 35 to 500 ml (208 ± 117 mean \pm standard deviation). Complications were absent and each patient was scheduled to complete at least 6 months of follow-up. Twelve patients (60%) were cured after 1 (11 cases) or 2 (1 case) punctures, in 6 patients (30%) the hydrocele recurred and 2 were lost from follow-up. In 4 patients with hydrocele ranging from 200 to 380 ml, ultrasound performed at the one-month checkup showed a multicystic non-symptomatic recurrence, and two to six months later spontaneous remission was observed in 3 of them, with lack of clinical signs or symptoms and without changes in testicular or scrotal wall echostructure (Fig. 1). In the fourth patient this kind of recurrence persisted after six months of follow-up.

Comment

Our observation shows that multilocular recurrence after percutaneous sclerosing of hydrocele may spontaneously reverse. We cannot explain this sequence, but polidocanol and other sclerosing agents cause necrosis and inflammatory oedema in epithelial surfaces [3], and into a cele this may be

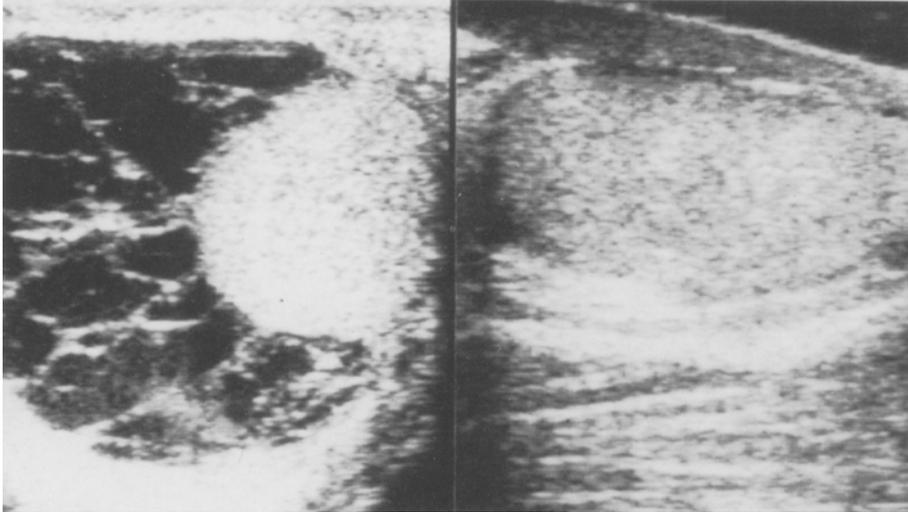


Fig. 1. Left: Ultrasound one month after sclerosing shows multilocular cystic recurrence. Right: Normal scrotal ultrasound two months later

followed by accumulation of exudative fluid, formation of multiple fibrinous tracts between the tunicas, and subsequently the reabsorption of the fluid through an inflammatory new surface and simultaneous disappearance of the cavities.

References

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