

Benign Scrotal Pathologies

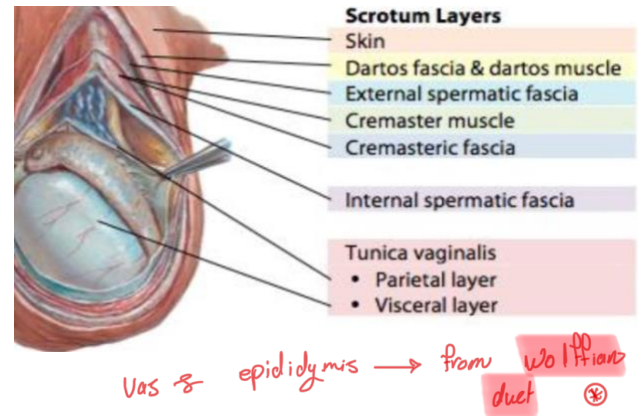
Spermatic Cord Content :

Pampiniform Plexus, Ductus Deferens

Artery of Ductus Deferens, Cremasteric Artery, Testicular Artery

Genital branch of Genitofemoral nerve, Sympathetic Nerve Fibers

Lymphatics



Arterial supply :

Testicular arteries, scrotal arteries, Artery to the Ductus Deferens,

1) Spermatocoele / Epididymal Cyst :

- Water like fluid with spermatozoa ... at the head of epididymis
- Asymptomatic, mass effect → Smooth, Trans-illuminated, Spherical, Fluctuant
- Tx : **Spermatocoelectomy** or **Aspiration** with/without Sclerotherapy

2) Varicocele :

- Torturous dilatation of pampiniform plexus and testicular vein
- Left : vertical left testicular vein , ineffective anti-reflux valves, compression between SMA & aorta ~ MCC
- Right : Renal Cell Carcinoma (IVC Obstruction)
- Small ... moderate ... Large ... very severe
- Sertoli Cells are Sensitive to temperature ... Infertility !!
- Tx : NSAIDs & limit physical → Severe pain , Infertility, Infertility → **Varicocelectomy** or **IV coil embolization**

3) Hydrocele :

- Accumulation of fluid between the two layers of tunica vaginalis. any age
- inflammation, iatrogenic, congenital Non-communicating vs. communicating / infants .. patent processus vaginalis
- Painless swelling, trans-illuminated, redness, pressure → U/S → **Hydrocelectomy**

4) Epididymo-orchitis :

- Inflammation of the epididymis and testes/ infection / sexual transmitted / after puberty
- Marked pain, high fever, bacteria in urine , leukocytosis, normal position , manual elevation decrease the pain.
- **Oral Abx** or **IV Abx & analgesia**

5) Testicular Torsion :

- Torsion of the spermatic cord structures and subsequent loss of the blood supply to the ipsilateral testicle .
- Any age, more post puberty → High attachment of TV, vigorous activity, a minor injury , Redundant mesorchium.
- High-riding testes, transverse axis. Painful, red, tender, no-transillumination → **clinically dx** ... u can use UA, U/A
- Emergent surgical exploration and **detorsion + bilateral orchidopexy**... within 6 hrs
- Manual detorsion .. to save time (Rotate outside) → more than 12 hrs .. irreversible.

Theories

6) Torsion of Testicular Appendage

- More gradual , Blue dot sign -> necrosis of appendage.
- **NSAIDs**, **conservative**... removal in persistent pain