

Hydroceles

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A hydrocele is a fluid collection between the parietal and visceral layers of the tunica vaginalis and is usually confined to the scrotum. One can feel the cord above it. Occasionally, it extends into the external ring and one cannot feel the cord. Hydroceles are typically asymptomatic, non-tender and may fluctuate, reducing overnight; they can be bilateral. Infant hydroceles can be tense and uncomfortable, especially if over examined, causing confusion with an incarcerated inguinal hernia. Although hydroceles transilluminate, this is a flawed test for distinguishing one from an incarcerated inguinal hernia since light easily shines through an infant's intestine. Surgery is rarely indicated before 2 years because a majority resolve. Occasionally an encysted hydrocele of the cord (or hydrocele of the canal of Nuck in a girl) forms as the processus obliterates; persistence warrants exploration. Occasionally, a febrile boy presents with a viral-like illness and an acute hydrocele. These generally resolve over a few weeks, and only those that remain need exploration. Ligation of a patent processus vaginalis is similar to an inguinal hernia repair. Teenage boys may have a non-communicating hydrocele with fluid arising from the tunica vaginalis; a plication (Lord's procedure) or excision/eversion of the tunica vaginalis (Jaboulay procedure) are needed. Hydroceles

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