

HYDATID DISEASE PRESENTING AS AN INTRASCROTAL MASS IN A CHILD*

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SUMMARY: Kızılcan F, Tanyel FC, Büyükpamukçu N, Hiçsönmez A. (Department of Pediatric Surgery, Hacettepe University Faculty of Medicine, Ankara, Turkey). Hydatid disease presenting as an intrascrotal mass in a child. *Turk J Pediatr* 33: 245-246, 1991.

A thirteen-year-old boy with the preliminary diagnosis of hydrocele of the cord who underwent surgery is presented. Ultimate diagnosis of hydatid disease was established by surgical exploration and histopathologic examination of the specimen. Although it is a rare occurrence, hydatid disease should be considered as a diagnostic possibility in endemic areas. *Key words: echinococcus cysts, scrotal swelling.*

Scrotal swelling is one of the common causes of hospital admissions among children. Although many conditions are encountered in its etiology, scrotal swelling resulting from hydatid disease is not reported in children^{1,2}.

Hydatid disease presenting as a scrotal mass is described to call attention to this unreported etiologic possibility among children in endemic areas.

Case Report

A thirteen-year-old boy was hospitalized because of a painless scrotal mass which was first noted four days prior to admission. Past history was noncontributory. Physical examination revealed a painless, cystic, transilluminable mass measuring 4 × 4 cm and located in the left hemiscrotum, proximal to the testis. There were no other pathological findings. A complete blood count, urinalysis and chest roentgenogram were normal. The patient underwent surgical intervention with the initial diagnosis of hydrocele of the cord.

The mass was found to be located intravaginally during surgical exploration carried out through the left inguinal incision. The capsula was ruptured during dissection of the cystic mass. Following the drainage of clear fluid, the appearance of the germinative membrane through the rupture clarified the etiology to be hydatid disease (Fig. 1).

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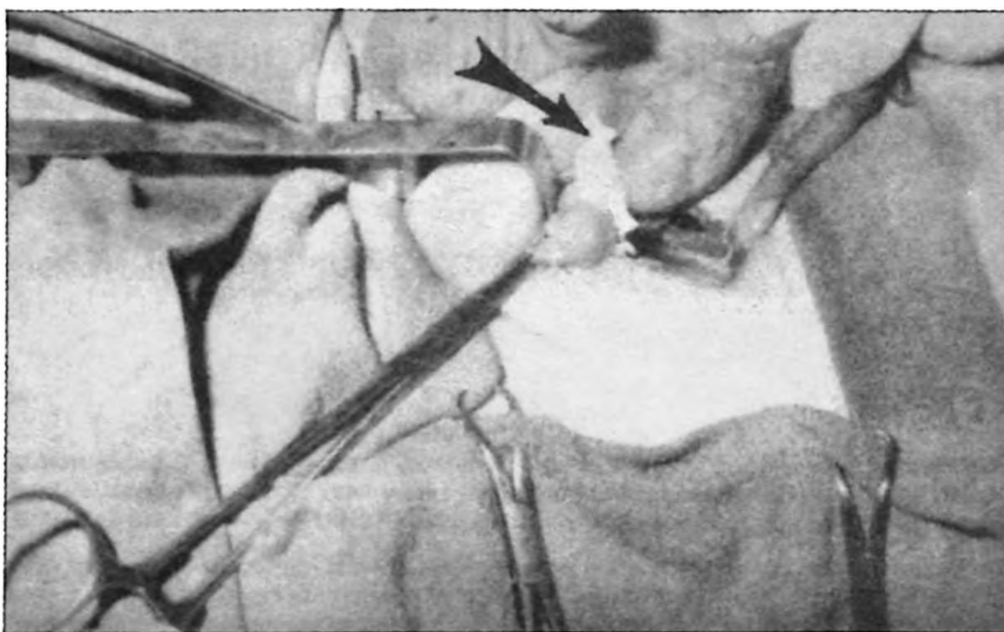


Fig. 1: Protrusion of the germinal membrane (arrow).

Further investigation using ultrasonography disclosed an additional hydatid cyst located in the left lobe of the liver. The patient will undergo further surgery for hepatic involvement after the completion of a course of mebendazole treatment.

Discussion

Hydatid disease is also a common cause of hospitalization in endemic areas³. The cysts are commonly located in the liver, lung and brain. In addition to these sites, many rare locations such as thyroid and salivary glands and retroperitoneum have been reported^{4,5}. The scrotum is a rather uncommon site, with only one adult patient being reported⁶.

Even though the scrotum is a rare site for hydatid disease, it should nevertheless be taken into consideration in the etiology of scrotal swelling of children in endemic areas.

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