

**ELEPHANTIASIS OF THE SCROTUM**

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# Elephantiasis of the scrotum: A load between the legs

**D**r Brown, the consultant surgeon, had just returned from London and we were going through the list of surgical bookings when we heard a soft steady knock at the door. When Nancy the nurse, opened the door, I recognised Angie at once. I had been seeing her at the gynaecology clinic for infertility and could remember very clearly her sentiments on the apparently unsatisfactory sexual relationship that existed between her and her husband. She was unhappy about something in the husband that she could not tell me. Despite our persistent calls for the husband, his response had been cold all long. I let her in and Dr. Brown left. Behind her, was a tall gentleman in a Kanzu. She introduced him as the husband and both of them took seats.

Nancy handed over Angie's file to me and we quickly got to the crux of the matter. The gentleman narrated to me the story of his progressively enlarged scrotal swelling that had since engulfed his penis. Sexual intercourse was impossible for him and he could not wear trousers. The problem had cost him two previous marriages which were both childless and he could see his third wife leaving him. He was forty-five and had spent his first twenty years at the coast before he moved to Eldoret. His problem had lasted about twenty years and at one stage, he had visited a doctor who advised operation but he (the patient) had declined. All these

By Dr. Julius A. Ogeng'o

years, he had seen several traditional doctors but none of them seemed to offer a cure.

When he accepted to be examined in privacy, his scrotum reached mid thigh, was shiny and felt like it contained fluid. The whole penis had almost been 'swallowed'. This was a condition known as hydrocoele. I tapped about five litres of fluid and at the end of it, the gentleman wished he had carried his trousers along. His scrotum and penis had almost gone to normal size, and I could palpate his testis. The problem was sure to return. After explaining to him, he consented to an operation and was booked for it one month later.

*A hydrocoele is a progressive enlargement of the scrotum due to increasing amount of fluid. It may be slow or rapid in progress.*

Six months later, his wife was expecting and he had brought in a friend of his with the same problem for treatment.

Hydrocoele, or more simply, the elephantiasis of the scrotum, is accumulation of fluid in the scrotum, that is, the sac that lodges the testis. There are two types of hydrocoele, primary and secondary. The



*Dr Ogeng'o: Aspiration of a hydrocoele provides temporary relief.*

primary type usually has no readily identifiable cause and occurs in males of all ages all over the world. It occurs more commonly in middle-aged and elderly men but is not uncommon in children. A hereditary factor may be attendant and warm climates may be implicated. The secondary type is usually a complication of the disease. In 80 per cent of the cases, infestation by filarial worms has been implicated. It occurs more commonly in tropical countries and in Kenya, it appears more often in the coastal and lake basin areas. This type may also be associated with syphilis and cancer of the testes.

Several factors have been implicated in the predisposition to hydrocoele development. They include:

- Alteration of the inner lining of the scrotal wall due to alcoholism, typhoid, irregular cardiac



rhythm, rheumatism, arteriosclerosis (hardening of blood vessels); renal insufficiency, bronchitis, prostatic enlargement, and obstructive lung disease.

- Compression of lymphatic channels from the scrotum by hernia; scar tissue formation following injury (surgical accidental); inflammation of the testes as may occur in STDs; undescended testes etc.
- Other diseases in which fluid accumulation occurs on other parts of the body such as congestive heart disease; kidney disease; liver disease, diabetes, etc.

The usual presentation of hydrocoele is a progressive enlargement of the scrotum due to increasing amount of fluid. The swelling may be slow and gradual or sudden and rapid in progress.

The size is quite variable. It could be small, moderate or large. Large hydrocoeles appear to swal-



*Scrotal elephantiasis normally weighs 4, 6, 8 or 9 kg. The largest recorded weighed 102 kg. (Pix: Pathology of Tropical and Extraordinary diseases Vol. 2*

low up the penis and make it impossible to have sex. They simply become a source of great discomfort in walking and even render the latter impossible. Urination is cumbersome. Moderate hydrocoeles are nuisance! Pants and even trousers cannot be worn and both sex and walking are uncomfortable. Small ones may be ignored and regarded as part of the growth particularly if they are not increasing in size. Pain is not a constant feature and may be mild when present. The swollen scrotum feels like a bag of fluid and may increase in size on coughing or straining.

Hydrocoele must be distinguished from other causes of scrotal enlargement which include:

- Tumors. These are usually solid and firm. They may be cancerous and progress rapidly to spread to other parts presenting with features of cancer as elsewhere; or may be non-cancerous and be limited to the scrotum. Pain is more likely to occur.
- Infections. These commonly involve the tests; may be acute and lead to pus formation. In these, pain is one of the first features and other constitutional features such as fever, general malaise, loss of appetite and even vomiting can occur. They may follow STDs. Chronic infections such as tuberculosis, and syphilis can also cause scrotal enlargement and again, these are associated with features of these diseases as described in previous articles.
- Hernias. These are protrusions of abdominal contents, usually intestines into the scrotum, through areas of weakness in the thigh or abdominal wall. These come and go, increasing with cough or straining at stool, urine or lifting weights. Often, these get complicated and then present with features of intestinal obstruction such as vomiting, constipation and abdominal distension.



*Elephantiasis of the scrotum caused by Wuchereria bancrofti (Pix: Dr. J. Denfield*

Such complications occur suddenly

- Cysts. A cyst is a bag of fluid and could occur on its own following parasitic infestation or obstruction of some glandular ducts. These may be difficult to distinguish from hydrocoele.
- Trauma. A kick on the scrotum for example, could injure a blood vessel and cause bleeding into the scrotum.
- Torsion. In this condition, the spermatic chord gets twisted. There is acute intolerable pain accompanying swelling of the testes, particularly worse on any movement. This very painful condition can lead to death and rotting of the testes.
- Oedema. This refers to accumulation of fluid in tissues. Fluid, as has been pointed out, accumulates in the scrotum as it does in other parts during heart disease, liver and kidney failure. In this case, there are features of the disease elsewhere.

Besides hydrocoele being a cosmetic nuisance, it has several other complications. The accumulating fluid may compress and eventually destroy the testes. Thus infertility may result from destroyed testes as well as inability to engage in sex due to an engulfed penis and/or

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