

Andrology and fertility

Varicocele indicated scrotoplasty with varicocelectomy: A case report

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ABSTRACT

A 72-year-old male patient presented to the clinic complaining of mild dragging scrotal pain and hanging scrotum interfering with his daily activity. Clinical examination revealed grade three left varicocele, enlarged hanging scrotum for more than 15 cm from the scrotal neck. The scrotum was explored and left varicocelectomy was done then scrotoplasty. Fifteen months post-operatively patient has an excellent outcome.

Introduction

Varicocele is demonstrated in about 15% of all adult males. The indications for varicocelectomy which are widely accepted are male factor subfertility, Varicocele associated with testicular atrophy, and varicocele-associated pain in some men.¹

Here, we present a case with varicocele indicated scrotoplasty with varicocelectomy.

Case presentation

A seventy-two-year-old male patient, diabetic presented to the clinic complaining of mild dragging scrotal pain and dragging scrotum interfering with his daily activity. He does not have any fertility problem. There was no history of any surgical interventions.

Clinical examination revealed grade three left varicocele, enlarged hanging scrotum for more than 15 cm from the scrotal neck (Fig. 1).

Ultrasound Imaging study revealed grade three left varicocele, grade one right varicocele with normal size and consistency of both testes. Abdominal ultrasound showed normal both kidneys and no any other abnormality in the abdomen. The patient was counseled about the surgical intervention.

The patient underwent left varicocelectomy through a scrotal incision then bilateral excision of the redundant scrotal skin was done including the skin and the underlying dartos muscle (Fig. 2). Fifteen months post-surgery patient was satisfied and no recurrence with properly healed wound after the scrotoplasty (Fig. 3).

Discussion

The main indications of scrotoplasty in the literature blanketed hernias, benign or malignant neoplasms, elephantiasis, congenital malformations and hydroceles.²

Varicocele indicated scrotoplasty to the best of our knowledge cited in two teenage cases due to the cosmetic effect.³ While our case is older in age and the intervention is not related to the cosmetic impact but related to the interruption of his daily activity as the testicles dropped significantly and swing extensively.³

Most surgical techniques of scrotoplasty have been described particularly for lymphedema or dysmorphic scrotum. While the scrotoplasty for associated varicocele was once described by Lorenzo A J et al. through excising the redundant scrotal skin only and plication of the redundant dartos muscle to avoid injure of the testicles.³ Additionally, an essential consideration is to avert over excision of the scrotum.⁴ In our case the full thickness of the scrotum was excised including both skin and dartos muscle without any threat to testicles which have low opportunity of recurrence and satisfactory outcome.

Varicocele is a rare indication for scrotoplasty. Full-thickness excision seems to have a good and satisfactory results with a low risk of recurrence.

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Fig. 1. Preoperative picture revealed left varicocele and redundant scrotum.

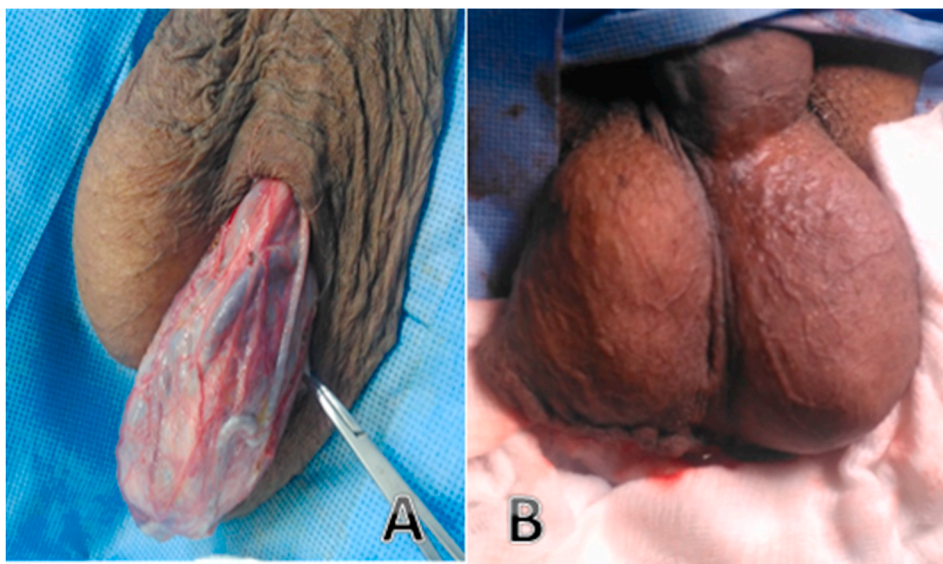


Fig. 2. (A) Intraoperative left varicocelectomy through scrotal incision. (B) Immediate post-operative imaging after bilateral excision of redundant scrotum.



Fig. 3. (A) Standing scrotal length is about 6cm after fifteen months postoperatively. (B) Follow up nice surgical scar.

Declaration of competing interest

None.

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