

INFANTILE ABDOMINOSCROTAL HYDROCELE: OUTCOMES FOLLOWING A CONSERVATIVE MANAGEMENT APPROACH.

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Aim of the study: There are only anecdotal case reports supporting the efficacy of conservative management of infantile abdomino-scrotal hydrocele (IASH). We report our preliminary experience managing these lesions with a “wait and see” policy.

Methods: A single-institution retrospective case series of 28 consecutive patients encountered over a 17-year period (January 1998 – December 2015). Initial 16 patients underwent early surgical repair shortly after diagnosis. Their mean (SD) age at surgery was 8 (4) months. The remaining 12 patients were managed expectantly whilst awaiting spontaneous resolution of the IASH.

Main results: Of the total 15 IASH (3 bilateral cases) included in the expectantly managed group, 2 (13%) resolved completely between 32 and 47 months of age, two are still under observation (patients aged <18 months), and 11 persisting lesions ultimately required surgical repair, including 5 associated with cryptorchidism. Mean age at surgery was 22 (16) months. Both group of patients experienced significant morbidity, which included prolonged scrotal swelling (7), hypoplastic testis (5), inguinal hernia (5), scrotal hematoma (3), and high scrotal testis (1). Patients managed expectantly were at significantly higher risk of developing a postoperative inguinal hernia, which occurred in only 1 patient of the early IASH repair group ($p=0.03$). Notably, such inguinal hernias were all associated with a widened internal inguinal ring. There were no recurrences of abdominoscrotal hydrocele in the series at a mean follow-up of 46.5 months (33) and 30.2 months (29) ($p=0.19$), respectively.

Conclusion: Spontaneous resolution of IASH appears to be a rare event. Prolonged protrusion of the abdominal component through the inguinal canal may expose to an increased risk of developing an inguinal hernia after IASH repair.