PALPABLE HYDROCELE CALCULUS: A CASE REPORT
(HYDROCELE CALCULOUS)

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SUMMARY: We report a case of two palpable stones, each 5 mm. in diameter and situated in the left tunic
vaginalis. The stones were radiopaque on plain film and its x-ray diffraction analysis revealed that it was in
dahillite (Ca₅(Po₄, CO₃)₃(OH)) form.

Key Words: Calculi, Hydrocele, Complication.

INTRODUCTION

Hydrocele stone is a rarely encountered formation and have little clinical significance. Although
definite etiology is unknown, it may rarely occur due to obstruction in the genital lymphatics (6).
Hydrocele stone was first described by Kickham in 1935 (5).

In this paper, we report a case of hydrocele stones; interestingly the stones were radiopaque and
in dahillite form.

CASE REPORT

A 50 year-old man presented with two palpable hard mass formation within the left testis, severe
pain and swelling in that region of 5 years duration. He defined that he had fallen a renal stone four
years ago in his history. Physical examination revealed that there were two palpable, hard stone forma-
tion within the tunica vaginalis of the left testis and a slight swelling in the left scrotal contents. Scrotal
sonographic evaluation and transillumination revealed left hydrocele and inside the tunica vaginalis
two independent, hyperechogenic formations each

of them 5 mm. in diameter (Fig 1). The stones were excessivly opaque in the plain film (Fig 2). All the
biochemical assays were in normal range preoperatively.

Fig - 1: The ultrasonographic view of the hydrocele stones.

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The stones were removed with a scrotal incision (Fig 3). Lord's procedure was performed for the therapy of the hydrocele and no complications occurred in the postoperative period. During 6 months follow-up period, the patient had no complaint.

DISCUSSION

The formation of hydrocele stones is a rare entity and the precise etiology is still unknown. It is suggested that this type of stones generally cause complaints such as pain and swelling due to hydrocele (1, 2, 4). In some reports, these stones were named “hydrocele pearls” (3). In our case it was interesting that two stones were palpable and could be easily seen on the plain film. In this case the amount of hydrocele fluid was minimal and this made it easier to palpate the stones and we therefore think that there is no correlation between the amount of hydrocele fluid and the formation of stones. The analysis of the stones with x-ray diffraction method revealed the structure of the stones a dahlilite form [Ca₅(PO₄, CO₃)₃(OH)]. To the best of our knowledge, this composition of hydrocele stones has not been reported before.

No correlation has been stated between the hydrocele stones and the renal stone history in the patient.

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REFERENCES