

CASE REPORT

FILARIAL SCROTAL TUMOR

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ABSTRACT: Filariasis caused by the nematode *Wuchereria Bancrofti* is a public health and socioeconomic problem in tropical and sub-tropical countries. The clinical manifestations depend upon the course of infection in the human host and the worm load. It is a rarity to document filarial worms in histopathology from the testes. We present a giant filarial scrotum of size 30 kg in weight.

INTRODUCTION: Lymphatic filariasis is a major health problem in India with a large number of patients tending to be asymptomatic. Genital filariasis in India more commonly presents as a secondary vaginal hydrocele with an associated epididymo-orchitis.

CASE REPORT: A 40y/M, from jhalda, farmer by occupation. No history of trauma associated. c/o: Scrotal swelling for 8yrs.patient gave history of progressive increase in the size of swelling from football size to present size. During initial period of disease patient sometimes had rise in body temperature, malaise and tenderness in the swelling but with progression of disease the all symptoms vanished. O/E: swelling is 38 into 34cm in size, ovoid in shape, you can get above the swelling. The swelling was non-reducible. Coughing impulse is absent. Skin above the swelling was wrinkled, Penis was buried. Cord was thickened, testis not palpable. Swelling was oval in shape hard in consistency, non-tender, with no rise in local temperature, no translucency; reducibility. USG: suggest Filarial scrotal tumour

With the patient in a modified lithotomy position, we excised the lymphedematous mass with a U-shaped incision. The neo-scrotum was made by anterior and posterior flaps. Both testes have been preserved. Reduction scrotoplasty has been done. A romovac drain was put in pouches prepared for the testicles. Postoperative period was uneventful mass was send for histopathological examination. Patient was followed for 6 month for recurrence.

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DISCUSSION: We are presenting a common disease process with its massive manifestation. A filarial scrotal tumour which become so massive that affect the day to day life of the patient. After excision this was of 30 kg by weight.

The clinical manifestations of filariasis depend upon the stage of infection viz:

- Stage of invasion
- Asymptomatic or carrier stage
- Stage of acute manifestation
- Stage of chronic manifestation

Genital filariasis becomes manifest in a number of ways. It can present as an acute inflammatory disease like funiculitis or epididymo-orchitis. This is by far the most frequent manifestation. Chronic manifestations include hydrocele, lymph varix, lymph scrotum, filarial penis or elephantiasis of the genitalia and chyluria. Hydrocele accounts for 90 % of the morbidity due to the above genital manifestations.

Review of the literature suggests some rare manifestations of filarial presentations. A Bancroftian subcutaneous nodule in an Indian male resident staying in New York has been reported. Chen Yuehan et al. reported filarial breast granulomas in hundred and thirty-one cases. Microfilaria has been described in a fine-needle aspiration cytology of testes done in a patient with primary infertility. We are presenting a common disease process with its massive manifestation. A filarial scrotal tumour which become so massive that affect the day to day life of the patient

CONCLUSION Such cases of huge filarial scrotal tumor should be managed by reduction scrotoplasty with preservation of testis. During scrotoplasty, greatest care should be taken to avoid membranous urethral injury and testicular injury. This will improve post operative morbidity among such cases.

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Figure: 1 filarial scrotal tumour at time of presentation



figure.2: filarial scrotal tumour showing buried penis



Figure.4: Showing mass of 30 kg after excision



Figure3:filarial scrotal tumour just before operation

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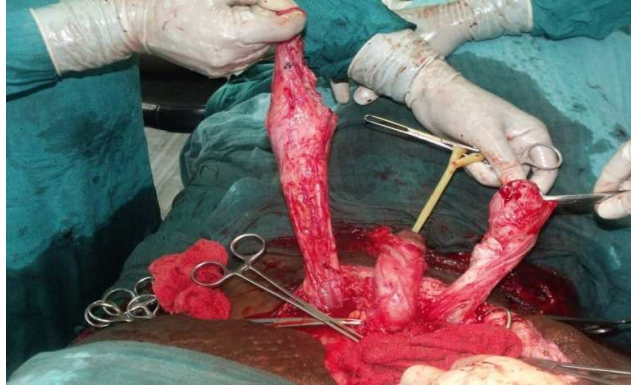


Figure.5 Intra operative picture showing excision of mass with preservation of testis