Hydrocele in a Peritoneal Dialysis Patient: Hernia or Leakage

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Picture 1.

Picture 2.

A 41-year-old man with end-stage renal disease due to diabetes nephropathy received continuous ambulatory peritoneal dialysis for about one year. He developed genital swelling and decreased dialysate fluid drainage over one week.

Transillumination of the scrotum demonstrated fluid collection (Picture 1). Computed tomography peritoneography showed contrast media in the right spermatic cord (Picture 2). Surgical exploration disclosed inguinal hernia; it

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was repaired. The swelling subsided and peritoneal dialysis was reinstituted after the operation.

Patent processus vaginalis causing a communicating hydrocele, inguinal hernia and abdominal wall leak should be considered in genital swelling (1). Computed tomography peritoneography is accurate for diagnosing peritoneal defects, by using dialysis fluid mixed with contrast. It facilitates the diagnosis and surgical planning by demonstrating the site, size and anatomy (2). Due to the high recurrence rate, even small hernias should be repaired and early detection can prevent more serious complications like small bowel strangulation or intestinal incarceration.

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