

Giant Hydroceles In Women: A Social Embarrassment

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Abstract

We report two cases of giant hydrocele of the canal of Nuck in two women in the Niger-Delta region of Nigeria. Both patients requested evaluation and treatment because of increasing coital difficulty due to obstruction from a space lesion. Groin exploration revealed a hydrocele of the canal of Nuck in both women.

INTRODUCTION

Hydrocele of the canal of Nuck is an inguino-labial cyst rarely mentioned in most standard medical textbooks¹⁻³. It is rare in our environment and poses a social embarrassment when giant.

This paper presents a report of two cases of giant hydroceles of the canal of Nuck to stress the need for increased awareness in order to improve on the quality of life of women with this condition.

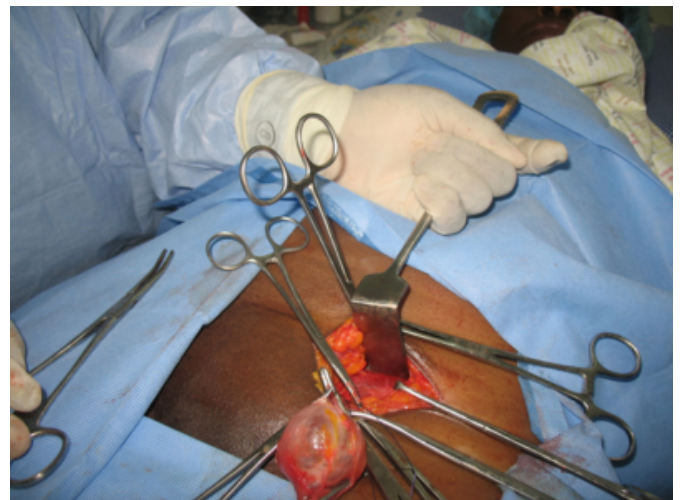
CASE REPORT

Case 1

A healthy 40-year-old woman presented with an irreducible left groin swelling of ten years' duration. She had a history of mild pain in the swelling associated with an increase in size by the end of the day. Increasing difficulty and pain during coitus resulted in presentation. There was no history of cough. On physical examination there was an oval irreducible swelling, 6 x 6 x 4cm in size, in the left groin extending towards the labia. The swelling was smooth and fluctuant but transillumination was negative. There was no cough impulse. The right groin was normal. Exploration of the left groin revealed a hydrocele of the canal of Nuck measuring 70ml (Fig. 1). The patient recovered uneventfully after surgery.

Figure 1

Case 1



Case 2

A 67-year-old woman presented with a painless left groin swelling for a 21-year period. She had ignored presentation as a result of poverty even though the mass interfered with sexual intercourse until a period of free healthcare delivery. No history of cough.

On examination, there was an irreducible, cystic, non-pulsatile, fluctuant, translucent mass in the left groin extending from above the inguinal ligament to the femoral triangle and labia in an apparently normal patient.

Groin exploration revealed a multi-loculated cystic mass containing 200ml serous fluid, with the left ovary and fallopian tube emanating from the external ring into the left labia and burrowing into the left femoral triangle following tissue planes (Fig. 2). The ovary and tube were reduced into

the abdomen and the hydrocele was excised in the normal fashion after careful dissection of the sac from within the triangle. The patient recovered uneventfully.

Figure 2

Case 2a



Figure 3

Case 2b



DISCUSSION

Giant hydroceles of the canal of Nuck are rare and their late presentation is primarily due to neglect on the part of the patient, poverty and fear of death from the operation^{4,5}.

Earlier reports indicate that giant hydroceles may reduce the patient's working capacity, impair sexual function and have a negative effect on the quality of the patient's life, his family and the community by becoming socially embarrassing^{6,7,8}. Giant hydroceles may also affect the quality of patients' life by posing psychosocial problems and women with giant hydroceles tend to have more severe psychosocial problems than physical ones⁹. In assessing the quality of life of patients with hydrocele, Gyapong et al. reported that patients with small hydroceles sought healthcare services more often than those with giant ones and that the ridicule from community members was a major problem in patients with giant hydroceles^{5,9}.

Healthcare providers are encouraged to increase the awareness of this condition among women in order to enhance early presentation. Quality of life in patients with giant hydroceles needs further evaluation.

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