

Short Note

Editorial Comments on Lymphatic Filariasis

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SHORT NOTE

A hydrocele is a fluid collection within the tunica vaginalis of the scrotum or along the spermatic cord. In the adult population, filariasis, a parasitic infection caused by *Wuchereria bancrofti*, accounts for most causes of hydroceles worldwide, affecting more than 120 million people in more than 80 countries where more than 30% of them live in Africa.

Lymphatic filariasis (LF) is a leading cause of permanent disability, with the worms causing lymphatic system dysfunction resulting in lymphedema and hydrocele as its chronic manifestations. Over 27 million men are thought to suffer from filarial hydrocele. The economic, physical, and psychosocial impact of this disease is overwhelming. Due to the psychological and social stigma associated with LF, people living with the disease have a poor quality of life and are often unable to work and engaged in livelihood to support their families or be active members of their communities.

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LF elimination strategies include transmission control, morbidity management and disability prevention. In 1997, the World Health Organization (WHO) recommended that transmission could be interrupted by annual mass drug administration (MDA) with a single dose of 2 medicines, namely Albendazole-Diethylcarbamazine or Albendazole-Ivermectin 4 to 6 years for persons living in areas where the infection is present.

For hydrocele, however, hydrocelectomy surgical intervention is highly recommended. The World Health Organization (WHO) in its Global Programme to Eliminate Lymphatic Filariasis suggested that 'the choice of (surgical) method depends mainly on the practice of the surgical service in the district'.