

Short Note

The Heading Is Unique Case of Complications in Lymphatic Filariasis

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SHORT NOTE

In august 2009 on the field in one West African country during a hydrocele surgery workshop we encountered a 64year old farmer who has had bilateral hydrocele for 20years.He was married with 2children. All other parameters were normal. He had no history of hypertension, diabetes and had not had any surgeries before. He was thus prepared for Surgery with the routine washing of the genital area with soap and water on the night before surgery and in the morning of the surgery. He was admitted as the custom was and started on antibiotics namely metronidazole 400mg 3x daily and ciprofloxacin 500mg 2x daily. His blood samples were taken for a full blood count, urea and electrolytes and a fasting blood sugar. The procedure was explained to him and he was made to sign a consent form which always explains the fact that in case the testes were found to be necrotic they will be removed. He was then taken to the operation room in the morning. He was then given a thorough washing of the genital area with soap and water followed by cleaning with antiseptic solution on the operation table. He was given a midline scrotal incision with careful haemostasis and the scrotal mass was exteriorised .The scrotal mass was opened and haemorrhagic fluid was emptied from the tunica vaginalis. It was then realised that the tunica vaginalis was very fibrosed

and calcified in places. Both testis were found necrotic and as the protocol demands he had bilateral orchiectomy using vicryl 1 sutures without any drainage left in situ.This is very crucial during hydrocelectomy that anytime one encounters haemorrhagic fluid in a longstanding filarial hydroceleone must consider necrotic testis and as such consider orchiectomy and not the routine hydrocelectomy of total resection of the tunica vaginalis.After the orchiectomy the scrotum was closed with 2-0 vicryl sutures after careful haemostasis .The wound was then cleaned with an antiseptic solution ,dressed with gauze strips and bandaged with crepe bandage.Postoperatively the dressing was opened on days 3,5 and 7 to inspect the wound.The wound was then cleaned with antiseptic solution and rebandaged.on the 7th day the wound was only plastered and the bandaging stopped. Antibiotics were continued for 5 more days using metronidazole 400mg 3x daily and ciprofloxacin500mg 2x daily.Analgesics were given on days 1 and 2 using paracetamol tabs 2 tabs PRN. His wounds healed normaly and he was discharged home on the 10th day.The patient was counselled concerning the fact that both testis had been removed.The good thing was that he was married and had two children.He was very excited because he was able to go back to his farm to raise money to cater for his children.He was seen after 3 months and 6months postoperative and he was in a good shape.

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