SCROTAL ELEPHANTIASIS: A CASE REPORT

Abouna AD, Traoré B, Ehui AY, Koui BBS, Kouacou BNFA, Ouattara BS, N'Dah KJ, Kouyaté M, Doukouré B, Diomandé MIJM

INTRODUCTION

Lymphatic filariasis, commonly known as elephantiasis, is a neglected tropical disease. Scrotal elephantiasis is a rare condition of various etiology, the most common of which is filariasis. We report a case of scrotal elephantiasis of filarial origin, the epidemiological, clinical and diagnostic aspects of which we present through a review of the literature.

OBSERVATION

It was Mr. YK, 53 years old, who consults for a progressive increase in the volume of bursaries evolving for 7 years without a history of venereal disease, nor of stays in endemic filarial zone, nor of scrotal trauma, nor surgery or radiotherapy. Clinical examination revealed scrotal elephantiasis with bilateral inguinal lymphadenopathy. Treatment consisted of surgical resection of the scrotal mass and the postoperative consequences are simple. Pathological examination showed a tumor mass of 3kg, measuring 50x31x12 cm with a whitish fasciculated and translucent appearance with foci of necrotico-hemorrhagic changes. Histology showed extensive edematous fibromuscular tissue with the presence of a segment of adult worm cuticle containing microfilariae. The search for microfilariae, using the leucoconcentration method on diurnal and nocturnal samples, could not be done because the patient was lost to follow-up.

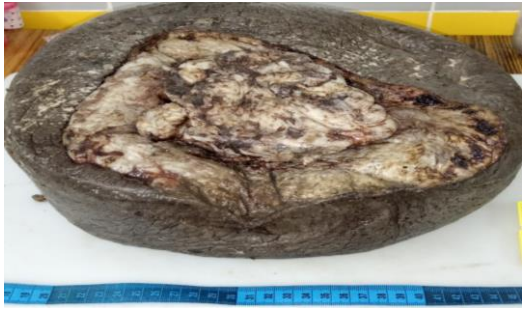

Figure 1: macroscopic aspect of the operative part

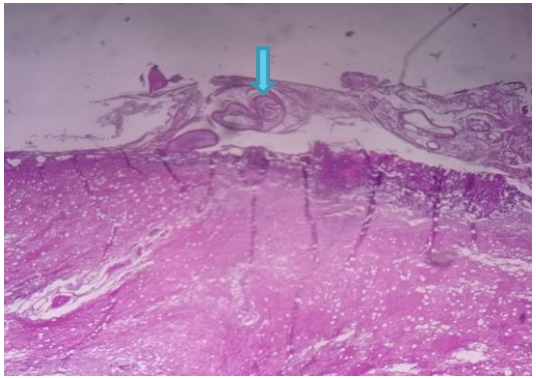

Figure 2: (HEx100) histological appearance of lymphedema with the presence of adult worm (arrow) containing microfilaria

DISCUSSION

Scrotal elephantiasis (scrotal lymphoedema) is observed mainly in areas endemic to filaria. It mainly affects men from the fourth decade and this male predominance remains, to this day, unexplained. The scrotal involvement is most often secondary to mechanical obstruction of the lymphatic ducts either by inflammation and fibrosis, or by adult filarial worms found in our case. The delay before the first consultation can be long until the exchange reaches considerable volumes. The diagnosis is clinical in front of a large volume of the bursa with scrotal skin becoming thick, cardboard. Abdominal ultrasound and computed tomography and even MRI can rule out a compressive origin. The etiological diagnosis is pathological and confirmed by parasitological examination. The treatment is surgical, based on a large excision of the pathological scrotal wall.

CONCLUSION

Scrotal elephantiasis is a rare condition. The diagnosis is clinical and the pathological and parasitic examinations allow the search for a parasitic or bacterial origin which essentially requires medical treatment.

REFERENCES

1-Atawurah H, Orish VN. Giant scrotal lymphatic filariasis. J Med Trop 2017; 19: 136-8.
2-Tazi M.F, Mellas S, Ahallal Y, Khallouk A, El Fassi M.J, Farih M.H Penoscrotal elephantiasis, diagnosis and management: about three cases. Androl. 2009; 19: 108-112
3-Slama A, Jaidane M, Elleuch A, et al. Surgical treatment of penoscrotal elephantiasis. Prog Urol 2002; 12: 337-9
4-Bouya P.A, Lomina D. Scrotal elephantiasis: report on seven operated cases. Bull Soc Pathol Exot, 2004, 97, 315-317.
5-Alila M, Ounaes A, Saadani H, Braiek S, El Kamel R, Jemni M. Scrotal elephantiasis. Prog Urol, 2003, 13, 140-142