Sclerotherapy for Hydrocele Revisited: A Prospective Randomised Study

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Dear Sir,

We read this interested and useful article titled ‘Sclerotherapy for Hydrocele Revisited: A Prospective Randomised Study’. We congratulate M.S. Agrawal and his team for choosing such a common surgical disease which is even endemic in certain parts of India like eastern Uttar Pradesh. Poverty and poor health resources further complicate the scenario. Therefore, there is an intense need for cost-effective and simple, feasible technique to treat this common surgical disease. Although sclerotherapy for hydrocele was known since long ago, it is not still in common practice because of higher recurrence rate and low success rate. This study produced encouraging result in terms of cure rate. Recurrence is not very certain because of short follow-up (6 month) period. The number of cases undergoing for sclerotherapy (29) is also not enough. Future large-scale studies may clear the picture in this respect. Complication rate in operative group (35.7 %) appears to be very high, especially when this was accomplished at an esteemed institute like S.N. Medical College Agra having all the modern facility for hemostasis.

We would discuss the following points also:

1. Sclerotherapy of hydrocele has been associated with fertility problems as reported in literature [1, 2]. So we should be very cautious in young age groups who have

not completed their family. However, it will be very useful for old age groups where fertility is not a big concern. It will also be helpful for groups undergoing vasectomy and have associated hydrocele. This will facilitate our national family planning programme, NSV (non-scalpel vasectomy).

2. Hydrocele and hernia often coexist. After doing laparoscopic hernia repair in these cases, sclerotherapy may avoid open surgery for hydrocele.
3. Sclerotherapy technique does not give chance to visualize the testis and we can miss the testicular diseases such as tuberculosis and malignancy. Literature says that 10 % of testicular tumours are accompanied by hydrocele [3]. So we should be watchful about this entity, and whenever in doubt, must clear with ultrasonographic examination.
4. Pain occurring with 5 % phenol is not much concerned in comparison to recurrence in poor patients of India because their struggle with poverty makes them strong and more tolerant to pain. So the pain factor should be given less weight in comparison to high cure rate and low recurrence rate while deciding the appropriate dose of phenol.

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