

LYMPHOGRAPHIA**ELEPHANTINE SCROTUM AND PSEUDOSCROTUM IN ENDEMIC FILARIASIS****F.M. Tripathi, J.K. Sinha, V. Bhattacharya**

Division of Plastic Surgery, Institute of Medical Sciences, Banaras Hindu University, Varanasi, India

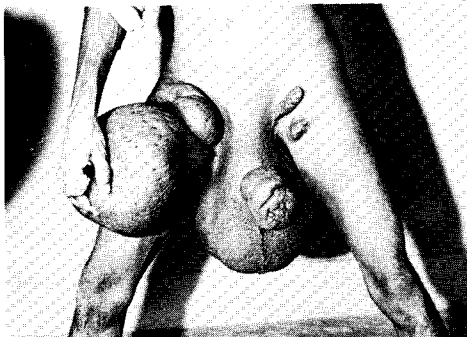
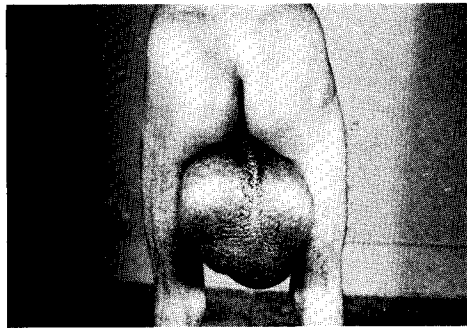
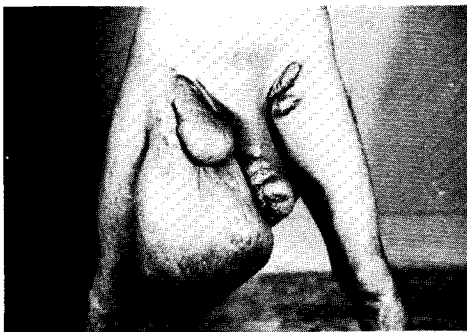


Fig. 1. (Left and above) Gross appearance of an elephantine scrotum and adjacent groin "pseudoscrotum" from filariasis in a 30-year-old man (photographs by Mr. D.K. Mathur).

accumulates in tissue (lymphedema) distal to the obstruction. With time and repeated episodes of acute inflammation, the protein content of edema fluid increases progressively with subsequent fibrous proliferation (3) and ultimately elephantiasis. The appearance of massive scrotal elephantiasis with an adjacent elephantine pseudoscrotal mass is unusual. Debulking of the scrotum and excision of the pseudoscrotal mass provided a satisfactory therapeutic outcome.

REFERENCES

1. Jones, HW, RA Kahn: Surgical treatment of elephantiasis of the male genitalia.

COMMENT

The scrotum and penis is a dependent peninsula of tissue with limited venous-lymphatic drainage access. Accordingly, the genitalia are highly susceptible to chronic lymphedema (1). Nearly all patients with signs of genital elephantiasis have extensive scrotal elephantiasis (2). With lymph nodal obstruction, lymph

- lia. *Plastic & Reconstr. Surg.* 46 (1970), 8.
2. Khanna, NN: Surgical treatment of elephantiasis of male genitalia. *Plastic & Reconstr. Surg.* 46 (1970), 481.
3. Ziemann, SA: *Lymphoedema: Causes, Complications and Treatment of Swollen*

Extremity, Grune & Stratton, New York (1962), 87-88.

Dr. F.M. Tripathi
Professor, Plastic Surgery
Institute of Medical Sciences
Banaras Hindu University
Varanasi 221005, INDIA