A1. Large right-side scrotal swelling.

A2. Right hydrocele and right inguinal hernia.


**DISCUSSION**

Hydrocele is defined as the collection of fluid within the processus vaginalis that produces swelling in the inguinal region or scrotum. In the male neonate patient, the fluid around the testicle is communicating with the peritoneal cavity.

The pathophysiology of hydrocele is based on the obliteration of the processus vaginalis after the descent of the testicles in the neonate. Few theories explain the failure of this obliteration, one of these theories is the number of processus vaginalis smooth muscles which are not enough to close the wall of processus vaginalis.

The clinical presentation of hydrocele is usually asymptomatic (painless) scrotal swelling, and most of the cases of hydrocele develop after birth.

There are two types of hydroceles: communicating hydrocele and non-communicating hydrocele. The majority of communicating hydrocele usually present after birth, while non-communicating hydrocele may present after few years.

The diagnosis of hydrocele is based mainly on history and physical examination; in rare instances, ultrasound could help diagnosis in equivocal cases.

Most of the cases of hydrocele would resolve spontaneously after few months. Surgical ligation of patent processus vaginalis is rarely indicated in non-resolved hydrocele and usually performed at age of two years with excellent outcome.

**CONCLUSION**

Hydrocele in children is a very common condition in males. Most cases present with painless scrotal swelling. The natural history of hydrocele in children is resolution with time. Surgical intervention is rarely indicated in non-resolved hydrocele.

**REFERENCES**