

# Management and outcome of Scrotal Abscess

Sayali Gujar<sup>1</sup>, Bhawana Dhanvij<sup>2</sup>, Vaishnavi Kantode<sup>3</sup>, Aniket Pathade<sup>4</sup>

<sup>1</sup>GNM 2nd yr student Florence Nightingale Training College of Nursing, Datta Meghe Institute of Medical Sciences (DU) Sawangi (M) Wardha

<sup>2</sup>Nursing Tutor, Florence Nightingale Training College of Nursing, Datta Meghe Institute of Medical Sciences (DU) Sawangi (M) Wardha

<sup>3</sup>Smt. Radhikabai Meghe Memorial College of Nursing Sawangi Meghe, Datta Meghe Institute of Medical Sciences, Sawangi, Wardha, Maharashtra

<sup>4</sup>Research Scientist, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences, Sawangi, Wardha, Maharashtra

## Abstract

**INTRODUCTION:** An abscess that is either superficial or intrascrotal is known as a scrotal abscess (see illustration below). Infected hair follicles, infections from scrotal lacerations, or small scrotal procedures are the causes of the superficial scrotal abscess. An internal pus collection in the scrotum is referred to as a scrotal abscess. The skin pouch that houses the testicles is known as the scrotum. There are numerous potential causes of this illness. It could result from a bacterial infection in the urethra or bladder that is left untreated. Scrotum infection is a possibility. In addition, sexually transmitted illnesses may be the cause of the syndrome (STDs). Chlamydia and gonorrhea are a couple of STD examples. A supportive tumor that affects the outermost layers of the scrotal wall and is surrounded by erythema is known as a scrotal abscess. A small pustule or papule may typically enlarge over time with increased pain, indurations, or fluctuance as part of the history. Fever and constitutional symptoms are typically absent.

**Patient History:** -Patient 36-year-old male admitted to the hospital patient was apparently alright 3 days back when he started complaining of pus coming out of the scrotum 3 days it was sudden in onset with progressive it was associated with pain, radiating, aggravated by physical activity and not relieved by medication. **Presenting Complaints and Investigation:** The patient 36-year-old male admitted to the hospital with pus coming out of his scrotum, patient was apparently alright 3 days back when he started complaining of pus coming out of his scrotum since 3 days it was sudden in onset with progressive it was associated with pain, on radiating, aggravated by physical activity and not relieved by medication. Hb-13.4, MCHV-33.6, MCV-83.6, MCH-28.1, Total RBC Count-4.76, Total Platelet Count-3.24, HCT- 39.8, Monocytes-03, USG- Right sided epididymitis with changes of cellulitis in right inguinal region reactive right-sided inguinal lymphadenopathy. **Past History:** No prior hospitalizations or medical or surgical illnesses in the past. The main diagnosis, therapeutic intervention, and outcome: secondary suturing secondary to incision and drainage of scrotal abscess, **Treatment-** injceftriaxone1gmivbd, injpiptaz4.5gmivtds, injdoxycycline10mgbd,t.doxyxyline100mgbd,t.chymoralforte2tabstds,t.zifi200mgbd,t.urgendolpbd,t.pantoprazole40mgod,t.limceed,t.sup radynod, t. dolo 650 mg od **Conclusion:** In order to stop the condition from progressing, it is crucial to remove abscess and pus as soon as possible and provide rapid diagnosis and treatment. Opportunities to improve results are provided through early detection and intervention.

**Keywords:** Scrotum, Scrotal Abscess, pus, laceration.

## INTRODUCTION

It is generally recognized that abscesses can occur after an appendectomy, especially when perforation is present. The majority of problems are infectious. The most frequent sources of infection include wounds, pelvic abscesses, and intraabdominal abscess development. Following acute perforated appendicitis, the scrotal abscess is extremely uncommon.<sup>1</sup>

**Address for correspondence:** Sayali Gujar

Florence Nightingale Training College of Nursing, Datta Meghe Institute of Medical Sciences (DU) Sawangi (M) Wardha  
Email: Sayaliguajar261@gmail.com

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An internal pus collection in the scrotum is referred to as a scrotal abscess. The skin pouch that houses the testicles is known as the scrotum. There are numerous potential causes of this illness. It could result from a bacterial infection in the urethra or bladder that is left untreated. Scrotum infection is a possibility. In addition, sexually transmitted illnesses may be the cause of the syndrome (STDs). Chlamydia and gonorrhea are a couple of STD examples. Numerous things can lead to scrotal abscesses. These can include bacterial infections and inflamed hair follicles. In some circumstances, the scrotum is infected when pus from patients with appendicitis drains there. The same holds with a ruptured testicular abscess. Infection in the scrotum can also be brought on by specific drugs. Examples include those employed in the management of specific severe arrhythmias. As previously noted, illnesses like tuberculosis and STDs might also be to blame for the condition. Draining the abscess is a necessary part of treating the illness. To remove the pus, the surgeon will create an incision and access the cavities. This will enable the injured area to recover. Under general anesthesia, surgical exploration will be used to treat any dead tissues (which frequently appear when therapy is put off). It is necessary to eliminate all dead tissue. To avoid infection, patients are given broad-spectrum antibiotics. After surgery, it's recommended to stay in bed. It's vital to raise the scrotum. Patients can do this by putting a towel under it. Until they are fully recovered, patients are also cautioned against engaging in sexual activity. Additionally, they are instructed to follow up with a doctor a week or two following surgery to make sure their wound is healing properly. Additionally, the surgical site is examined for any indications of problems.

**Patient Information:-** Patient 36-year-old male admitted to the hospital patient was apparently alright 3 days back when he started complaining of pus coming out of the scrotum for 3 days it was sudden in onset with progressive it was associated with pain, radiating, aggravated by physical activity and not relieved by medication.

**Primary concerns and symptoms of the patient:** The patient 36-year-old male was admitted to the hospital patient was apparently alright 3 days back when he started complaining of pus coming out of the scrotum for 3 days it was sudden in onset with progressive it was associated with pain, on radiating, aggravated by physical activity and not relieved by medication.

**Past medical and surgical history:-**Not significant

**Family history:-** There was a nuclear family in this instance; there were no available medical records and medical background, no contributory to present complaints.

**Habits:-** Mixed diet, adequate sleep, normal bowel and bladder movements, no addictions.

**Clinical Findings:-** Hb-13.4, MCHV-33.6, MCV-83.6, MCH-28.1, Total RBC Count-4.76, Total Platelet Count-3.24, HCT- 39.8, Monocytes-03, USG- Right sided

epididymitis with changes of cellulitis in right inguinal region reactive right sided inguinal lymphadenopathy.

**General Examination:**

Pulse-82,height-160cm,respiration-16beats/min,BP-110/80mmhg,weight-66kg,BMI:25.78 BSA(Mosteller)1.71

**General Examination::** FAIR

**Local Examination-**left sided pus, discharge from the left side of the scrotum, tenderness present, no erythema, no active bleeding

**Timeline:-** The patient was admitted for a short period, and because her general health was terrible then, he took treatment at Hospital, where she received the appropriate care.

**Diagnostic assessment:** After physical Examination and investigation, a case was identified scrotal abscess treatment of this case treatment-injceftriaxone 1gmivbd,injpiptaz4.5gmivtds,injdoxycycline 10mgbd,t.doxyxyline100mgbd,t.chymoralforte2tabstds,t.zifi200mgbd,t.urgendolpbd,t.pantoprazole40mgod,t.limceeod,t.s upradynod,

t. dolo 650 mg od

**Diagnosis:**

Following comprehensive physical examination and research, the patient's diagnosis is a Scrotal Abscess.

**Therapeutic Intervention:**

**Medical intervention:**

injceftriaxone 1gmivbd,injpiptaz4.5gmivtds,injdoxycycline 10mgbd,t.doxyxyline100mgbd,t.chymoralforte2tabstds,t.zifi200mgbd,t.urgendolpbd,t.pantoprazole40mgod,t.limceeod,t.s upradynod, t. dolo 650 mg od

## Results and follow-up:

**A followup**

The patient is advised to exercise every day and avoid a high-salt, high-cholesterol diet, and is provided a healthy diet: regular checks, good personal hygiene, and good medicine as prescribed by the doctor.

**Intervention adherence and tolerability:** Patients took all given medications regularly, followed a healthy diet, and did not require any intervention. The treatment was favorably received by the patient.

## Discussion:

Since scrotal infections are excellent imitators of testicular torsion, managing acute scrotal edema in newborns can be difficult. Few unilateral scrotal abscess instances, usually caused by Staphylococcus and Salmonella, have previously been reported. We describe a newborn who experienced bilateral scrotal abscesses brought on by Klebsiella

pneumonia and talk about how unusual the case was due to both the bilaterality and the infection, neither of which had ever been documented before.<sup>7</sup> Between 0.5% and 5% of people in both sexes have urethral diverticula. <sup>1</sup> As Watts proposed in 1906, there are two types of urethral diverticulum: acquired and congenital. <sup>2,3</sup> Due to the inadequate anatomical support of the female anatomy, it is the more prevalent urethra, birth difficulties, and an increased occurrence of periurethral abscesses. In Diverticula are acquired in 67 to 90% of men, and its causes include infection and stricture illness, protracted urethral catheterization, and unintentional or intentional trauma.<sup>8-22</sup> Similar presenting symptoms and signs characterize congenitally and acquired urethral diverticula. It was typical to experience perineal edema, post-micturition dribbling, recurring urinary tract infections, and signs of the lower urinary tract being blocked. Recently in an Indian series, The average age of presentation for congenital diverticula was 25, compared to those whose urethral diverticula can stay asymptomatic for 35 years after they are discovered, proving this. till difficulties occur.<sup>9</sup> Epididymitis, orchitis, Fournier's gangrene, hernia, testicular torsion, tumor, and scrotal skin infection are just a few of the numerous diagnostic options for a patient with an undifferentiated acute scrotum. It's also important to take Amyand's hernia with a scrotal abscess into account. The most effective diagnostic technique for assessing scrotal symptoms is ultrasonography. Ultrasonography, however, plays a limited function in the identification of the etiology, extent, and surrounds in complex instances, such as our particular case. Therefore, if a scrotal tumor, sepsis, or intestinal obstruction are present along with an acute scrotum, a preoperative CT scan should be recommended.<sup>23-36</sup>

## Conclusion: -

In conclusion, strangulated inguinal hernia, another surgical emergency, is frequently misdiagnosed as perforated Amyand's hernia with a scrotal abscess, a very uncommon disorder. Utilizing preoperative CT enables the planning of appropriate surgical care to reduce complications like infection.

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