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UROLOGY-LETTER TO THE EDITOR

Penile lymphedeme: a very rare complication due to bilateral subinguinal varicocelectomy

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Editor,

Varicocele which is defined as dilation of the pampiniform venous plexus draining the testicle is considered a common and correctable cause of male infertility [1]. Although varicoceles are thought to be mostly detected in left side, a new systemic review indicated that bilateral varicoceles are found in up to 50% of the cases with unilateral varicocele [2]. Although varicocele repair has been shown to be an effective treatment for male infertility, surgery is not free of the complications. Varicocele recurrence and hydrocele are the most commonly reported complications after varicocelectomy. The rate of these complications can change after varicocelectomy according to the technique used. In a meta-analysis evaluating the results after different varicocelectomy techniques, varicocele recurrence was between 1 and 15% and hydrocele formation was 0.44% and 8.24% [3].

Penile lymphedeme after varicocelectomy has not been reported in the international literatüre. We have seen a 31-year old male patient with penile lymphedeme for a year. The patient had cosmetic problems and coitus difficulty due to this lymphedeme. He had undergone bilateral subinguinal varicocelectomy 2 years ago. Physical examination revealed that subinguinal incisions were next to penile base. Although penile lymphedema was more pronounced in the dorsal, there was also lymphedema in the ventral side of the penis. No etiology was found for this problem except bilateral subinguinal varicocelectomy. After explaining the surgical treatment and getting informed consent from the patient, the patient underwent surgery. Under general anesthesia, half circumcision incision on the dorsal part of the penis was done. Skin was degloved up to the penile base. Subcutaneous tissue with lymphedeme between skin and Buck fascia was dissected up to the proximal part of the penis. After the dissection, this tissue was tied at the base of the penis. Penile appearance was very close to normal after the surgery (Fig. 1). Mild pressure dressing was used for 48 h.

If the subinguinal incisions as in our case are performed very close to the penile base, penile lymphedeme which is a disturbing complication for the patient and his partner will be probably occurred in these patients. What we learnt from this case is that subinguinal incisions should not be close to the penile base, especially in bilateral varicocelectomy.

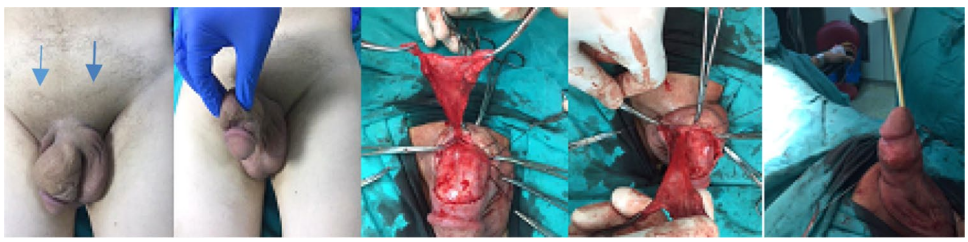

Fig. 1 Penile appearance before surgery, subcutaneous tissue with lymphedeme between skin and Buck fascia and penile appearance after surgery are seen

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Compliance with ethical standards

Conflict of interest No conflict of interest was declared by the authors.

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