Accessory Scrotum

(A Case Report)

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THE scrotum enjoys a relatively strong immunity towards congenital malformations in relation to other external genitalia. Accessory scrotum is a clinical curiosity. Only four cases have been reported in literature so far[1]. It is not uncommon to have other associated congenital malformations, but may be found alone.

Case Report

A two months old boy was admitted with the complaints of a mass in the perineum and difficulty in passing stools. It was a normal full term hospital delivery with no family history of any other congenital anomaly. The general condition of the boy was good. No congenital malformation could be detected on face, chest, abdomen and extremities. There was coronal hypospadias with chordee. The scrotum was bifid with normaly placed tests on both the side. A pouch measuring 6x4x3 cms., was situated in the perineal region. The skin of the pouch was hyperpigmented and had marked serrations and corrugations, simulating normal skin of the scrotum. The pouch was sessile. Associated with it, the boy had anal stenosis.

Haemogram was within normal limits. Routine urine examination did not reveal any abnormality. Intra-venous pyelography was delayed as the boy was too young and no immediate surgery was planned. For anal stenosis, manual digital dialatation was advised and mother was explained so. Boy was called for review at the age of 1½ years.

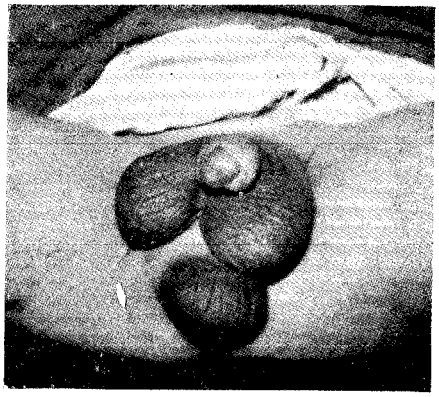

Fig. 1

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Embryology

Scrotum develops from perineal labio-scrotal swelling, which appears on either side of the genital tubercle. The labio-scrotal swellings enlarge and grow caudally to unit in midline in-front of the anus to become a single scrotum. Failure of union leads to bifid scrotum. The phallus enlarges with a grocve on its ventral surface, lips of which unite to form urethra. The groove in the region of glans is last to unite and failure to do so gives rise to coronal hypospadias.

No embryological explanation could be traced for the origin of accessory scrotum. Probably, this may be a triple primitive anolage of Labio-scrotal swelling.

Summary

A case report of accessory scrotum associated with coronal hypospadias with chordee, bifid scrotum and anal stenosis is presented. No corrective surgery was performed as the boy was too young and was asked to come after the age of one and half years

REFERENCE

1. Takayasu, H., Ueno, A. and Tsukada, A. : "Accessory Scrotum" — a case report, J. Urol., 112 : 826, 1974.