Scrotal Lymphedema

Compression solutions for a challenging condition

By Martina Reddick

Definition

Scrotal edema is an abnormal enlargement of the scrotum, the sac surrounding the testicles. It can occur in males of any age.

Causes

Scrotal edema can have many causes. Some of the more common include surgery, hernia, hydrocele, trauma or infection. A less common but more serious debilitating condition is scrotal lymphedema. It frequently occurs due to a malignancy of the pelvic or genital area but can also be the result of improper use of the pneumatic compression pump. Whatever the cause, it is a challenging condition that very often causes real and long-lasting physical, emotional and social problems for the affected patients. When scrotal lymphededema presents, it is important to rule out any acute conditions; if present for three months or more it is considered chronic. Overtime, untreated scrotal lymphedema has the propensity to worsen, resulting in skin changes such as fibrosis, papilloma's, hyperkeratosis and leakage of lymph fluid. Meticulous hygiene and skin care is essential to reduce the risk of cellulitis.

Treatment

Treatment of scrotal lymphedema depends largely on the underlying cause of the edema. Once a diagnosis is determined management of scrotal lymphedema can be very challenging for both the therapist and the patient. The gold standard treatment for any type of genital lymphedema involves Manual Lymph Drainage (MLD) followed by compression bandaging to maximize volume reduction achieved by a session of MLD. The traditional bandaging protocol requires using elastomul, velfoam, velcro and short and medium stretch bandages. This bandaging protocol is effective, however the difficulties encountered by the author are keeping the bandages in place and creating an effective suspension for full support of the genital area.

A Case Report

A patient presented with an eight month history of scrotal lymphedema associated with cellulitis. The penis was not affected. An initial assessment revealed the presence of fibrosis bilaterally, non-pitting edema, papilloma's,and lymphorrhea. Observation revealed an altered gait and difficulty sitting straight. The patient verbalized having difficulty finding clothes that fit comfortably.

Intervention

Since there are no standards for measurement of scrotal lymphedema, the author used the method of Justine Whitaker in her development of the Whitaker pouch, now used for management of various types of scrotal edema.

Three pre-measurements were taken in a standing position

1. Girth of Scrotum – 50cms
2. Girth of neck of scrotum – 35cms
3. Length of scrotum from base of penis to perineum – 36cms

Coban 2 was applied three times per week. Instructions in meticulous skin care were provided for maintenance of skin integrity to minimize the risk of infection. The patient declined Manual Lymphatic Drainage, however was provided with a video for instructions on self-manual lymphatic massage.

Outcome

Following two weeks of treatment a major improvement was noted.

A reduction in fluid volume at

1. Girth of scrotum – 36.5cms
2. Girth of neck of scrotum – 29cms
3. Length of scrotum – 27cms was achieved as well as a decrease in overall fibrosis.

The lymphorrhea completely resolved. Slippage of the compression bandage was not a problem and the cohesive abilities of the Coban 2 provided an adequate suspension around the waist that conformed to the body and remained in place. No skin irritation developed from using Coban 2. The patient's altered gait improved and he was able to sit straight. The patient was measured for a class Whitaker pouch compression garment, for maintenance of scrotal lymphedema. He was instructed to obtain two garments that require replacement every three to four months.

Conclusion

Scrotal lymphedema can be treated effectively with the Coban 2 short stretch compression bandaging and maintained with a class 2 Whitaker pouch. LP

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References available upon request.

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