THE UROLOGY GROUP

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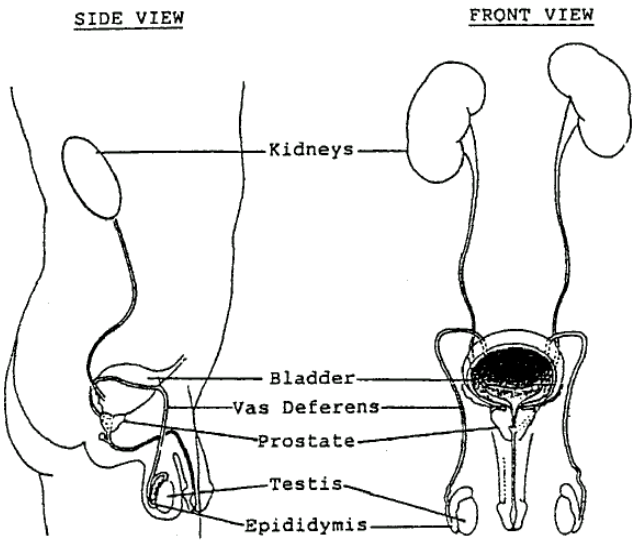
SPERMATOCELE

Spermatocele is a term used to describe a cyst which forms on the epididymis. The male anatomy is shown in the picture. The scrotum, or sac, contains a testicle on each side. The testicle has two functions. It makes testosterone, the male hormone, which is absorbed into the blood stream. It also makes sperm which travels from the testicle into a series of tubes which collectively form the epididymis. The epididymis sits to the side and in back of the testis. Sperm leaves the epididymis by way of the vas deferens (this is the tube that is divided during a vasectomy) which travels to join the seminal vesicles and prostate. Sperm mixes with fluid from the seminal vesicles and prostate to produce semen, the fluid that comes out from the penis at the time of ejaculation.



There are several dozen tubules which connect the testis to the epididymis. One of these tubules may become blocked. When that occurs, a cyst forms in the epididymis. The cyst usually contains clear fluid which may include a few sperm cells. These cysts are benign, which means they are not cancerous. They do not interfere with sexual function. They do not have any impact on a man's erectile or reproductive ability.

The spermatocele can be detected on physical examination. When a "lump" is noted in the scrotal contents, the physician makes sure there is not a mass or growth within the testicle. If there is a mass or growth in the testicle this may represent testicular cancer, in which case prompt evaluation and treatment is necessary. It is usually very straight forward to distinguish by examination a mass in the testicle from a cyst in the epididymis. At times an ultrasound of the scrotal contents may be recommended to confirm that there is not underlying abnormality of the testicle.

There are several ways to treat a spermatocele. Small spermatoceles are typically left alone. They may be present for years and never cause trouble. For larger spermatoceles or ones that increase in size over time, surgical intervention may be recommended. Occasionally, spermatoceles can cause symptoms (such as pain, ache or a "dragging" sensation) in which case intervention may be recommended as well.

When treatment is recommended, the favored approach is outpatient surgical excision of the spermatocele. It is not recommended that a spermatocele be aspirated (drawing off fluid by placing a needle into the cyst). If a needle is placed into the epididymal cyst, there is the risk of bleeding (with formation of hematoma) or infection (with formation of an abscess). If aspiration is attempted, the fluid often re-accumulates so that the cyst returns.

Surgery is done on an outpatient basis. An incision is made in the scrotal wall. The fluid is drained and the cyst is excised at its base. The base of the cyst is secured with suture in an effort to prevent recurrence of the spermatocele. After surgery, there is a fair amount of swelling which subsides with time. It may take several months for swelling to resolve completely. Complications can include bleeding, infection, or repeat spermatocele formation. To minimize the risk of bleeding patients are advised to stop aspirin and aspirin like compounds (e.g. Advil, Nuprin) ten days prior to surgery (Tylenol is okay). Occasionally, there may be bleeding that forms a hematoma which could require an additional surgical drainage procedure.

Spermatocele is a common condition in men. Fortunately, with appropriate urological care, it can be managed effectively for most men.

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