CASE REPORT

SCROTAL FILARIASIS – A RARE CASE

Ashutosh Chitnis¹, Bhagirath Kandhare², Sagar Shetty³, Bhavin Patel⁴, Divya Bansal⁵

HOW TO CITE THIS ARTICLE:

Ashutosh Chitnis, Bhagirath Kandhare, Sagar Shetty, Bhavin Patel, Divya Bansal. "Scrotal filariasis –a rare case". Journal of Evolution of Medical and Dental Sciences 2013; Vol2, Issue 33, August 19; Page: 6347-6349.

HISTORY: A 60 year old male patient came with a complaint of scrotal swelling on left side which was sudden in onset.

It was associated with fever.

He had a past history of scrotal swelling on right side and was diagnosed with filariasis.

On local examination, scrotal skin showed signs of inflammation with tenderness.

Ultrasonography of scrotum was done.

Fig 1 & 2: Linear hyperechoic structure seen in tunica vaginalis hydrocele suggestive of Live Filarial worm, shown by black arrow.

CASE REPORT

Fig 3: Focal parasitic calcification/granuloma in dead worm with distal acoustic shadow, shown by black arrow

Fig 4: Multiple small motile hyperechoic microfilaria seen in dilated lymphatic channel

DIAGNOSIS: Real -time high-resolution ultrasonography (HRUS), showed anechoic tubular channels in the spermatic cord, which did not show any flow on color flow imaging and showed multiple dancing subcentimeter size microfilaria.

Bilateral epididymo-orchitis with scrotal wall thickening.

Bilateral moderate hydrocele was noted.

Linear hyperechoic freely motile structure in left hydrocele was seen suggestive of live adult worm and scrotal calculi was noted in right hydrocele suggestive of dead adult worm.

The anechoic tubular channels were aspirated under ultrasonographic guidance and live microfilariae could be demonstrated on light microscopy.

DISCUSSION: *Wuchereria bancrofti* is found in the tropics and subtropics¹ and is a major cause of morbidity in parts of Asia, Africa and the western Pacific region.² It is transmitted by vector culex.

High-resolution ultrasonography is a useful technique for diagnosing scrotal filariasis in symptomatic patients

CASE REPORT

Adult worms are found in the lymphatic vessels and lymph nodes of humans only; there is no animal reservoir.^{1, 3}

Multiple dancing live subcentimeter size Microfilaria are seen in hydrocele or dilated lymphatic channel which is described as "Filarial Dance sign"⁴

Adult worm is seen as long thread like hyperechoic structure.

Sometimes these worms calcify and look like scrotal calculi and are suggestive of Dead worm.

The appearance of motile filarial worms on ultrasonography correlates with active release of microfilariae into the lymphatic vessels and hence indicates active infection.

REFERENCES:

1. Chatterjee KD. Phylum Nematelminthes. In: Chatterjee KD (ed). Parasitology in Relation to Clinical Medicine. 12th ed. Calcutta, India: Chatterjee Medical Publishers; 1980:190–198.
2. Suresh S, Kumaraswami V, Suresh I, et al. Ultrasonographic diagnosis of subclinical filariasis. J Ultrasound Med 1997; 16:45–49.
3. Grove DI. Tissue nematodes. In: Mandell GL, BenettJE, Dolin R (eds). Principles and Practice of Infectious Diseases. 5th ed. London, England: Churchill Livingstone; 2000:246–247.
4. Amaral F, Dreyer G, Figueredo-Silva J, et al. Live adult worms detected by ultrasonography in human Bancroftian filariasis. Am J Trop Med Hyg 1994; 50: 753–757.

AUTHORS:

1. Ashutosh Chitnis
2. Bhagirath Kandhare
3. Sagar Shetty
4. Bhavin Patel
5. Divya Bansal

PARTICULARS OF CONTRIBUTORS:

1. Associate Professor, Department of Radiology, MGM Medical College & Hospital, Navi, Mumbai.
2. Assistant Professor, Department of Radiology, MGM Medical College & Hospital, Navi, Mumbai.
3. Resident, Department of Radiology, MGM Medical College & Hospital, Navi, Mumbai.

4. Resident, Department of Radiology, MGM Medical College & Hospital, Navi, Mumbai.
5. Resident, Department of Radiology, MGM Medical College & Hospital, Navi, Mumbai.

NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Bhagirath Kandhare,
1003, Awing, Shelter Park,
Plot 208/209, Sector – 10,
Kopra, Kharghar,
Navi, Mumbai – 410210.
Email – drbhagirathk@gmail.com

Date of Submission: 20/07/2013.
Date of Peer Review: 24/07/2013.
Date of Acceptance: 31/07/2013.
Date of Publishing: 19/08/2013