CONCLUSION
A prospective study was carried out on 124 cases of primary vaginal hydrocele, who attended the OPD of M.L.M. Medical College, Hospital, Jhansi for sclerotherapy during the period of June 1987 to May, 1988.

Phenol diluted in normal saline in varying concentrations ranging from 2.5 to 7% was used as an sclerosant.

The patients who desired sclerotherapy for hydrocele were thoroughly examined. Only those cases were selected for sclerotherapy who were found to be free of any local sepsis, without any type of associated acute/chronic epididymo-orchitis or associated malignancy.

The patients of younger age group were also excluded from this study. Patients having ipsilateral hernia, and thickened cord were also excluded from study.

The final case selection was assessed by eliciting translucency, fluctuation, tenderness etc. The merits & demerits of this procedure of treatment were explained to the patients. The patients were warned that some fluid might reaccumulate and for which repetition of treatment might be required. The patients were asked to come for follow up upto 6 months.
In this study none of the patients had any serious complication. Only few of them complained of testicular ache for few days & some residual thickening of tunica vaginalis & epididymis.

None of the patients required hospital admission for any sort of complication & none have had time off work.

The sclerotherapy did not have any adverse effect on spermatogenesis which was evident by semen analysis of few patients with bilateral hydrocele & by testicular biopsy.

The biopsy taken from tunica vaginalis, ductus deferens, & epididymis showed some degree of fibrosis & inflammatory reaction like infiltration of mononuclear cells.

However clinically the efficacy of sclerotherapy was evident. Sclerotherapy is a very simple, safe and effective C.P.E. procedure, which is well acceptable to the patients and without any serious complications irrespective of the age of the patient and the size of hydrocele.
PHOTOGRAPH NO. 1 : SHOWING PAINTING & DRAPPING OF PART

PHOTOGRAPH NO. 2 : SHOWING FIXATION OF HYDROCELE
PHOTOGRAPH NO. 3(4,5): SHOWING INJECTION OF LOCAL ANAESTHESIA AT UPPER END OF HYDROCELE.
PHOTOGRAPH NO. 4 : SHOWING INSERTION OF VENEFLOAN CANULA IN THE SAC.

PHOTOGRAPH NO. 5 : SHOWING VENEFLOAN CANULA IN POSITION
PHOTOGRAPH NO. 6 : SHOWING COLLECTION OF HYDROCELE FLUID IN KIDNEY TRAY

PHOTOGRAPH NO. 7 : SHOWING COMPLETE EMPTYING OF SAC
Photograph No. 8 : Showing injection of sclerosent fluid in the empty sac.

Photograph No. 9 : Showing dressing of part after sclerotherapy.