THE AMERICAN JOURNAL of MEDICINE®

Postparacentesis Genital Edema

To the Editor:

Abdominal paracentesis is a common procedure performed by physicians in multiple specialties. We describe a case of postparacentesis genital edema, a complication rarely described in the literature since Harold Conn sparked discussion about this condition in the early 1970s.[1-3] This complication can be distressing to both patient and physician; we hope this case description will improve recognition of this entity, provide a management approach, and engender further description and discussion.

CASE DESCRIPTION

The patient was a 92-year-old man with history of cryptogenic cirrhosis who presented with 5 days of bright-red blood per rectum. He was hospitalized to investigate the source of the bleeding, which was attributed to rectal varices. On examination, he had ascites, which had increased since his prior admission, and a diagnostic paracentesis was performed on hospital day 2 to rule out spontaneous bacterial peritonitis. The patient tolerated the procedure well, and 40 cc of ascitic fluid was removed without immediate complications. Overnight, fluid leakage was noted from the puncture site, and an ostomy bag was placed and collected 100 cc of fluid. Thirty hours after the procedure, the patient reported rapid swelling of his scrotum. On examination, the scrotum was markedly enlarged, nonerythematous, and nontender; there was no peripheral edema or weight gain. On day 5, the scrotal edema persisted and the patient was given 40 mg furosemide by mouth (PO) in addition to his usual daily dose of 40 mg PO. His scrotum was elevated with a scrotal sling and rolled towels for support. A scrotal ultrasound was performed, which showed diffuse subcutaneous edema without evidence of orchitis, hydrocele, or torsion. No additional furosemide was given on day 6 because of marked improvement of swelling (Figure). The patient was discharged on day 8 with instruction to return if swelling recurred.

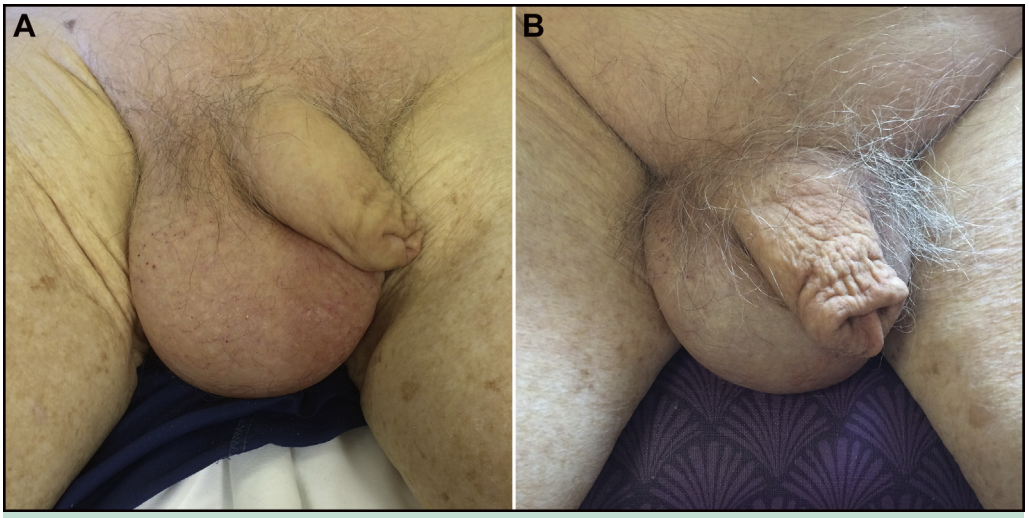

Figure (**A**; left): 48 hours after procedure; (**B**; right): 66 hours after procedure.

DISCUSSION

Two mechanisms have been proposed for sudden, painless genital edema as a procedural complication: the first is fluid collecting along the needle track dissecting between Camper and Scarpa fascia to dependent areas, which in this case was the scrotum; the second is leakage through a patent processus vaginalis, similar to a hydrocele.[4] To treat postparacentesis genital swelling, we recommend PO diuretics, elevation of the genitals, and reassurance that the swelling should resolve

Funding: None.

Conflict of Interest: None.

Authorship: All authors had access to data and a role in writing the manuscript.

Requests for reprints should be addressed to Charles Blumberg, BA, Brown University, Box G-9999, Providence, RI 02912.

E-mail address: charles_blumberg@brown.edu

promptly, without need for additional testing. Techniques aimed to prevent leaks from the puncture site, such as the Z-tract technique, may also reduce the risk of genital edema.

Charles Blumberg, BA
Chandler Villaverde, BS
Rebekah Gardner, MD
Warren Alpert Medical School of Brown University, Providence, RI

http://dx.doi.org/10.1016/j.amjmed.2016.02.019

References

1. Conn HO. Sudden scrotal edema in cirrhosis: a postparacentesis syndrome. *Ann Intern Med*. 1971;74(6):943-945.
2. Marks JW, Weil F. Conn's sudden labial edema. *Ann Intern Med*. 1971;75(5):810.
3. Peteira W, Seeff LB. Sudden scrotal edema: old pearls? *Ann Intern Med*. 1971;75(4):647.
4. Abraham G, Blake PG, Mathews RE, Bargman JM, Izatt S, Oreopoulos DG. Genital swelling as a surgical complication of continuous ambulatory peritoneal dialysis. *Surg Gynecol Obstet*. 1990;170(4):306-308.