Scrotal Edema in Dilated Cardiomyopathy

Edema da Bolsa Escrotal em Cardiomiopatia Dilatada

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Figure 1A - Picture of the scrotal edema showing the complete invagination of the penis into the scrotum Figure 1B - Testicular ultrasound showing a softtissue edema with skin thickness of 43 mm

A 64-year-old male with a history of permanent atrial fibrillation and non-ischemic dilated cardiomyopathy was admitted to our centre with acute decompensated heart failure. He presented with progressive exertional dyspnea, orthopnea and leg swelling. Initial physical examination revealed arterial hypotension (86/45 mmHg), irregular heart-beat with a mitral 2/6 systolic murmur and minimal peripheral edema. Subsequent more careful examination showed a giant scrotal edema with intussusception of the penis into the scrotum (Fig. 1A). As recommended,¹ a testicular ultrasound was performed showing morphologically normal tes-

tis and appropriately vascularized, and soft tissue edema with skin thickness of 43 mm (Fig. 1B). After a week of intravenous diuretic therapy, the patient lost 12 kg in weight and the scrotal edema was resolved almost entirely.

Congestive heart failure was usually associated with fluid build-up in abdomen and peripheral regions. The occurrence of a mild scrotal edema is a common finding in this clinical setting.² The clinical presentation of this case is striking because edema was focused in the scrotum, with minimal swelling in lower limbs and abdominal region.

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