



RE: Minimal Hydrocelectomy with the aid of scrotoscope: a ten-year experience

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Int Braz J Urol 2014; 40:384-9

To the editor,

Dear editor, we would like to discuss on the article on “Minimal hydrocelectomy with the aid of scrotoscope (1)”. Bin et al. concluded that “the combination of minimal hydrocelectomy and scrotoscopy seems to be an encouraging technique (1)”. This result can support the previous observation that minimally invasive hydrocelectomy is safe and requires a short operative time (2). It is agreeable that the technique can be useful but the case selection is the important prerequisite. As noted by Bin et al., some cases (such as those with thickening) still required open surgery (1). Focusing on scrotoscope, it is a useful tool for assessment of scrotal contents (3). However, it is still considered as an invasive technique. According to our experience from China, the use of B-ultrasonography, which is totally non invasive, can give no different ability to assess scrotal contents (4).

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REPLY BY THE AUTHORS

Dear editor,

Thanks for the discussion on our article “Minimal hydrocelectomy with the aid of scrotoscope” (1). It is undeniable that scrotoscope is an invasive technique and B-ultrasonography is an predominant diagnostic technique in scrotal lesions. However, in our previous study comparing the diagnostic pre-

ciseness of scrotoscope and B-ultrasonography on scrotal lesions, the results demonstrated that scrotoscope has an higher effectiveness rate, especially in distinguishing a benign lump from a tumor (2). As a result, scrotoscope remains to be valuable in scrotal diseases and it is worth be to developed.

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