## Clinical Pearls

- Imaging (U/S, CT, etc) generally not helpful because they're usually only diagnostic if there is something herniated, in which case physical exam is just as accurate. Exception is testicular torsion, and U/S in ER is indicated.

- Both inguinal hernias and communicating hydroceles are openings to the inguinal canal/scrotum from the abdominal cavity that never closed during development. A hernia has an opening big enough to allow mobile structures like bowel or ovaries through, and produce a bulge that starts in the groin and can extend down into the scrotum; communicating hydroceles have a small opening that only allows fluid through, and the bulge is generally just in the scrotum.

- Asymptomatic noncommunicating hydroceles can be observed (90% resolution by 1yo)

- *Attempts at hernia reduction involve gentle traction on the testicle, which straightens out the cord structures and opens up the internal ring, and slow compression of the bulge up towards the internal ring.*

- Other causes for acute scrotum pain – Testicular torsion, torsion of appendix testis, epididymitis

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### Normal

- **Noncommunicating Hydrocele**

- **Communicating Hydrocele**

- **Inguinal Hernia**