

Background

Fetal scrotal masses are rare findings. Their differential diagnosis includes hydrocele testis, inguinal hernia, testicular torsion, benign or malignant tumors. Since intra-abdominal pressure occurs only postnatally, certain findings may be absent or not detectable in utero. Some fetal inguinal scrotal masses require immediate surgical treatment (torsion-malignant tumors), while others a postnatally follow-up or surgical treatment. **We present 3 different cases of scrotal masses and their sonographic features.**

Case Presentation 1



Fig. 1 Echo-free, fluid filled scrotal mass, typical for a hydrocele

- May occasionally be misinterpreted, as it shares imaging characteristics with the umbilical cord.
- Correct diagnosis with color Doppler ultrasonography, demonstrating the absence of blood flow within the hydrocele fluid.

Case Presentation 2

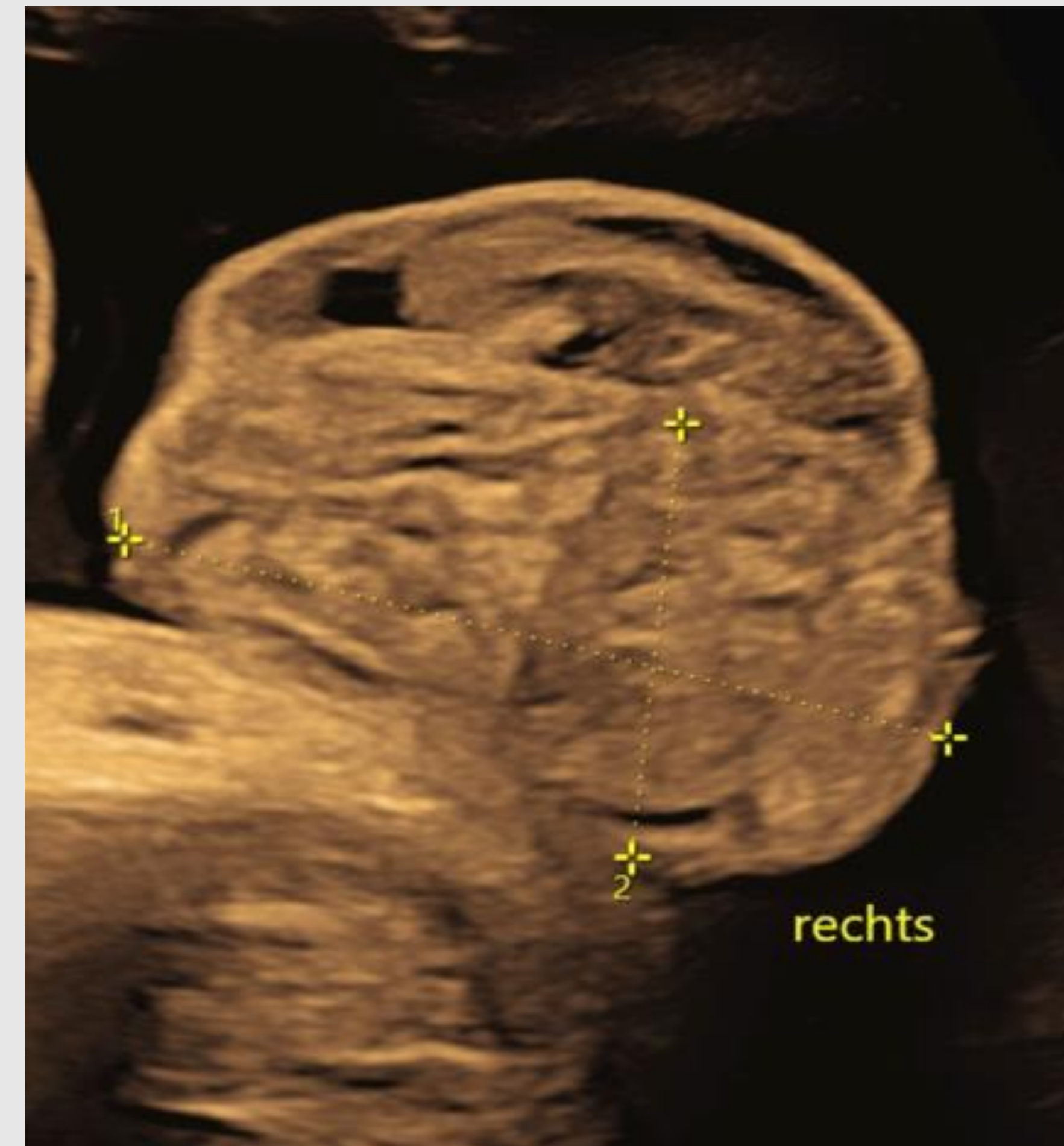


Fig. 2 Echogenic solid scrotal mass, typical for a scrotal hernie

- Scrotal hernie with no peristaltic movements and no evidence of intra-abdominal bowel dilatation.
- Herniation of bowel loops into the scrotum occurs through a patent processus vaginalis.

Case Presentation 3



Fig. 3 Echogenic homogenous scrotal fluid mass

- DD: abdominal contents without peristalsis.
- Postnatal evaluation: open inguinal canal with processus vaginalis or sealed fetal intestinal perforation.

Conclusions

We strongly advice all obstetricians to perform a thorough genital examination in the 3rd trimester. Through this more scrotal masses can be diagnosed, and appropriate in the antenatal periode treated.