## (Refer to <u>page 56</u>) ANSWER: VARICOCELE.

Varicocele is defined as an abnormal dilatation and tortuosity of veins of the pampiniform plexus in the scrotum.<sup>1</sup> It is believed to affect around 15-20% of healthy men and as high as 35% of the infertile population.<sup>1, 2</sup> Around 2-10% of the patients complain of dragging pain.<sup>3</sup> Although the majority of the men remain asymptomatic, a subgroup of them presents either with dull aching/throbbing pain in the scrotum or groin, and few present with infertility.<sup>3</sup>

The clinical description of the varicocele is as having the consistency of a 'bag of worms' in the scrotum.<sup>1</sup> The exact etiology of varicocele and cause of pain is still not understood.<sup>3</sup> Majority of the varicoceles are on the left side of the scrotum because the left testes are lower than the right and the venous drainage from the left testes is into the left renal vein where it makes a sharp 90° angle.<sup>4</sup>

Clinically the varicocele is divided into 3 grades: **Grade 1**: it is not visible and is palpable with valsalva maneuver; **Grade 2**: varicocele is visible with valsalva and palpable without valsalva maneuver and; **Grade 3**: it is visible without Valsalva (Figure 1). The diagnosis of varicocele can be confirmed with an ultrasound.

Asymptomatic varicocele is generally not treated. For patients experiencing pain are managed with scrotal support, use of analgesics, and limited physical activities.<sup>3</sup> If the pain persists, then the patient is offered varicocelectomy.<sup>1,3</sup> Although various techniques are available, While multiple techniques exist, laparoscopic varicocelectomy is gaining popularity.<sup>1</sup>

## **CONFLICT OF INTEREST**

The author(s) declared no conflict of interest in this work.

## **CONSENT**

Consent has been obtained from patient and hospital authority to publish this article.

## REFERENCES

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