INTRODUCTION
Hydrocoele is an abnormal quantity of serous fluid within the tunica vaginalis. It can be primary or secondary. The primary can in turn be congenital or acquired. Objective of this study was to see the frequency of primary hydrocoele in children presenting to Ayub Teaching Hospital, Abbottabad.

MATERIAL AND METHODS
This study was conducted in Surgical ‘B’ Unit, Ayub Teaching Hospital, Abbottabad from February 2007 to February 2009. All Children above 6 months of age with hydrocoeles and operated were included in this study. All details were recorded on a proforma. The collected data were analysed, results calculated, and conclusions drawn. Results: In all 186 operated cases, the maximum (58, 37%) incidence was in 2–3 years age group. Injury to the vas occurred in 1 (0.7%) case, infection rate was 0% and scrotal haematoma occurred in 18% cases. Conclusion: Children with hydrocoeles should be operated after 6 months age. Herniotomy is the only satisfactory treatment and in expert hands complications are very rare.

DISCUSSION
Almost all the new born boys have a small lax hydrocoele and it usually resolves by 6 months after that it is not usual for it to resolve.² We have the
incidence of 12.37% in neonates and increases gradually to 31.18% at age 2 to 3 years. This is in contrast to another study by Smith et al\(^3\) quoting figures of 94% in neonates and 57% in children up to 1 year. This is because of the fact that the aforementioned study is a post mortem study in which all the lesions are included which probably would have resolved up to 1 year age. Surgery should only be undertaken after 6 months of age and before that only expectant treatment is advised, awaiting spontaneous fusion of processus vaginalis as non-communicating hydrocoele are self limiting and usually resolve in 6 to 12 months.\(^4\)

Herniotomy is indicated in all types of primary hydrocoele in children as even the obliterated processus vaginalis has a cord like structure which pulls the testis cranially in later life giving false impression of un-descended testis.\(^5\)

Regarding complications, injury to vas deferens was seen in 1 patient (0.54%) which is comparable, depicting universality of operation procedure. In the first 5 years of life vas deference is still delicate and can easily be damaged if care is not exercised. We observed scrotal haematoma in 18% of cases however no figures have been reported in literature regarding development of scrotal haematoma.

CONCLUSION
Children with hydrocoele should be operated after 6 months age and all above 1 year age. Herniotomy is the only satisfactory treatment and in expert hands complications are very rare.

RECOMMENDATIONS
1. Children with hydrocoele should be operated only after 6 months of age for hope of spontaneous cure.
2. All children above 1 year of age with hydrocoele should be operated. This relieves the symptoms and parent anxiety and has no complications in experienced hands.
3. Primary hydrocoele in children should only be treated by herniotomy.
4. All precautions should be taken to safeguard the vas.

REFERENCES

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