

same by clinical examination (70%) and B-mode ultrasound (69%) due to the dedicated clinical examination for the left side, but CDI was also useful in detecting reversed flow in 50% of patients with left varicocele.

The high incidence of left varicocele in this study compared to Meacham et al⁽¹⁴⁾ was (37%) was due to high selection criteria for CDI, referring only patients with high clinical suspicion rather than the patients with negative clinical examination.

Conclusion

Color Doppler ultrasound examination became the standard non-invasive investigation for varicocele as it is much more accurate than clinical examination and B-mode ultrasound. It is highly valuable for following patients after varicocelectomy, its main limitation that it is operator dependent.

Recommendation

Color Doppler ultrasound examination should be the standard reference investigation for diagnosis of scrotal varicocele before any varicocelectomy and can be a good base line for follow up after surgery. Color Doppler ultrasound should be the gold standard non-invasive imaging modality for subclinical varicocele.

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