Research Paper

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Perinatal Torsion of Undescended Testis: Case Report

Medical Science

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ABSTRACT

Torsion of testis is uncommon condition whereas in undescended testis torsion can be a common feature. Any torsion of testis has to be diagnosed immediately and surgical exploration has to be done to save the testis. Here we are reporting a case with torsion in undescended testis.

Introduction

Testicular torsion can be a significant source of morbidity in the neonate. This abnormality occurs in boys during two age peaks, the neonatal period and adolescence. The adolescent torsion usually is intravaginal and [1] torsion during the neonatal period usually is extravaginal. [2]

Testicles embryologically develop from the mesodermal bud proximal to the kidney, and usually find their way genetically determined into the scrotal pouch before birth or within the first months of life [3, 4]. Spermatic cord torsion is a very rare event, and present in 1:7500 newborn [5]. A review of the literature demonstrates no consistent pattern regarding the potential etiologies of perinatal testicular torsion [PTT]. Possible theories include difficult labor, breech presentation, high birth weight, an over reactive cremasteric reflex and multiparity [6, 7]. Despite the type or mechanism of torsion, PTT is an unexpected finding for neonatologists and parents. A torsion occurring after, before or during birth, compromises the vascular supply up to full testicular necrosis with consequences of infertility [8, 9]. Immediately recognized and retorsion may save the viability of testicle. [8] Torsion of testis is rare in descended testis but in undescended testis torsion well common. Here we are reporting a case with torsion in cryptorchidism.

Case report

21 days male term infant presents to emergency department with bluish discoloration of right inguinal region since one day. On examination baby was hemodynamically stable, hard mass felt about almond size in the inguinal region with single testicle in the scrotum. Parents were explained about the undescended right testis at birth. Doppler showed no circulation at right testis. Immediately baby was shifted for surgical exploration and right testis was removed as it was non viable. Baby was discharged on day 3 of post operative.

Discussion

Cryptorchidism constitutes a common congenital surgical problem encountered in males in pediatric surgery. The incidence of cryptorchidism in full term neonates is estimated to be from 2.7% to 5.9% at birth, but decreases to 1.2% or 1.8% by age 1 year [10]. The literature concerning undescended testis mainly concentrates on the increased risks of infertility and germ cell development as the primary sequel of this condition [11]. Yet, the UDT also appears to be at higher risk for torsion compared to the normally descended testis. Torsion of an undescended testis is a relatively rare phenomenon that should be suspected, diagnosed, and treated without delay. As for the diagnosis of torsion in normal descended testis, there is no one history; physical, laboratory, or radiological finding that might predict testicular viability. Viability of testis can only be determined at surgical exploration and is independent of the degree of torsion. In addition, when it is remembered that close to 2% of all males have an undescended testis, the risk of torsion in an undescended testis clearly needs to be made more evident to pediatric surgeons and pediatricians.

Conclusion: Any infants with cryptorchidism are prone for torsion. Parents should be explained regarding the flag signs and infant should be followed very frequently once discharged.

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