



Clinical Evaluation of Undescended Testis Presentation – An Institutional Experience

KEYWORDS

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ABSTRACT *Background and objective*

The testis develops in relation to the lumbar region of posterior abdominal wall. During fetal life they gradually descend into scrotum. There are instances where the testis fails to reach the normal scrotal position hence we did a study which aimed to study the age distribution of undescended testis, side, type and mode of presentation, complications associated with undescended testis, the various modalities of management of undescended testis.

Materials and Methods.

Present study was a retrospective study of 150 patients admitted to Kempegowda Institute of medical Sciences between 2005-2011 with undescended testis from day 1 of Birth and who underwent surgical procedures. The data was collected in a pre defined proforma and the data analysis was.

Results and Observations :

In our study the following observations were made of the 150 patients from 2005-2011 with undescended testis from day 1 of birth and who underwent surgical procedures were considered. 73 % (112) cases presented in the age group 0-18yrs & 23%(41) above 18 yrs of age. The undescended testis 43% (50) of cases were present in superficial inguinal. Majority of the patients underwent open Orchidopexy, 83% (125); followed by Orchidectomy, 12% (18). One child presented with persistent mullerian duct syndrome.

Conclusion:

Early diagnosis and management of the undescended testicle are needed to preserve fertility and improve early detection of testicular malignancy.

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direct Inguinal Hernia is the commonest with 56% (27) followed by Atrophic testis which is 33% (16). Majority of the patients underwent open Orchidopexy, 83% (125); followed by Orchidectomy, 12% (18). Diagnostic Laparoscopy was performed for 2% (3) of cases & Laparoscopic Orchidopexy for 3% (4) of the cases. In case of 22 bilateral presentations of undescended testes; majority 72% (16) underwent bilateral orchidopexy; while 28%(6) of cases underwent unilateral orchidopexy. 50%(9) cases underwent orchidectomy in the age group 19-40 yrs. The most common cause of orchidectomy was atrophic testis 78%(14) followed by torsion testis 16%(3). One child presented with persistent mullerian duct syndrome.

Discussion:

An undescended testis is one which has failed to descend to the scrotum & is retained at any point along the normal path of descent¹. Gubernaculum plays important role in descent of testis. Abnormal attachment of gubernaculum will cause undescended testis. Undescended testis is present in about 1-4.5% of newborns with a higher incidence in preterms (30-45%)^{2,3} The incidence of undescended testis among men is approximately one in 1,000 to one in 2,500⁴. The risk of undescended testes is 10.1 fold higher in male twins if present in one of them, 3.5 fold higher in males with a brother with undescended testes, and 2.3 fold higher in males with a father with the condition³. Undescended testis may be unilateral or bilateral, mostly involving the right side (70%). Classification is based on testicular location, which may be either along the normal line of descent (abdomen, inguinal canal, external ring, pre-scrotal, upper scrotal) or in an ectopic position (usually in the superficial inguinal pouch or perineal, rarely preperineal).

The success of surgery is defined as presence of testes in the scrotum without testicular atrophy and/or any recurrence for ≥ 1 year. It has also been reported that surgery is not totally safe; the complication rate ranges from 1.5% to 12%.¹

Conclusion:

In our study we concluded that absence of testis in the scrotum is the most common symptom of undescended testis and the undescended testis most often can be traced in the superficial inguinal pouch. Open Orchiopexy still remains as treatment of choice in this condition. Early diagnosis and management of the undescended testicle are needed to preserve fertility and improve early detection of testicular malignancy.⁵

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