UNDESCENDED TESTIS

DIFFERENTIAL DIAGNOSIS, COMPLICATIONS, INVESTIGATIONS

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DIFFERENTIAL DIAGNOSIS

- Retractile testis
- Lymph nodes
- Hernia
- Soft tissue

What is retractile testis?

A retractile testicle is a testicle that may move back and forth between the scrotum and the groin.
When the retractile testicle is residing in the groin, it might be easily guided into its proper position in the scrotum.
Sometimes the retractile testicle remains in the groin and is no longer movable. When this happens, the condition is called an ascending testicle or an acquired undescended testicle.

COMPLICATIONS OF UNDESCENDED TESTIS

- Sterility
- Trauma and pain
- Associated indirect hernia
- Torsion testis
- Epididymo-orchitis
- Malignant transformation in undescended testis is 20 times more common than in normally descended testis.

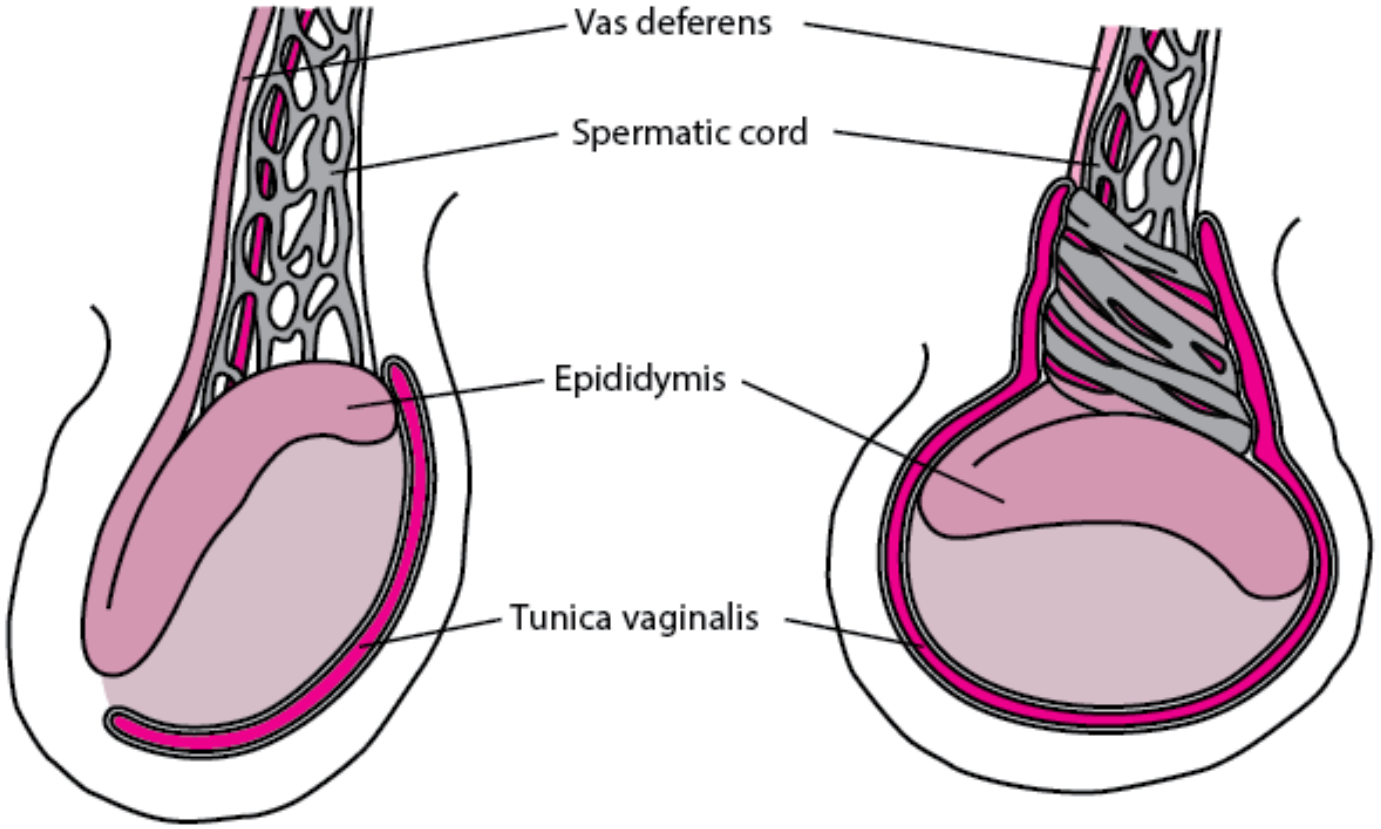
- Seminoma is the most common malignancy is undescended testis
- The testis which has normally descended on other side testis, is also more prone for malignant transformation than normal individual.
- Testicular atrophy

INFERTILITY

Fertility is impaired after both, unilateral or bilateral cryptorchidism.
Around 90% of patients with untreated bilateral cryptorchidism ultimately develop azoospermia.
The incidence of azoospermia drops to 32 per cent in medically managed patients and to 46 per cent after bilateral orchidopexy.
The incidence of azoospermia in unilateral cryptorchidism is 13 per cent regardless of the fact as to whether the condition is corrected.
About 10 per cent of infertile men from the general population will have a history of cryptorchidism and orchidopexy.

TESTICULAR TORSION

It is an emergency condition wherein the testis twists in its axis compromising its blood supply.
If not intervened and rectified within 12-24hours, it may lead to testicular gangrene.
Testicular torsion occurs 10 times more often in undescended testicles than in normal testicles.



A: Normal

B: Abnormal Fixation with Torsion

INVESTIGATIONS

1. Ultrasound abdomen
2. Hormonal assessment
3. CT scan
4. Gonadal venogram
5. Laparoscopy

1.Ultrasound abdomen

Intra abdominal testis is difficult to detect in ultrasound.

It has low sensitivity and specificity in determining the presence of testes.

2.Hormonal assessment

Levels of FSH and HCG are assessed.

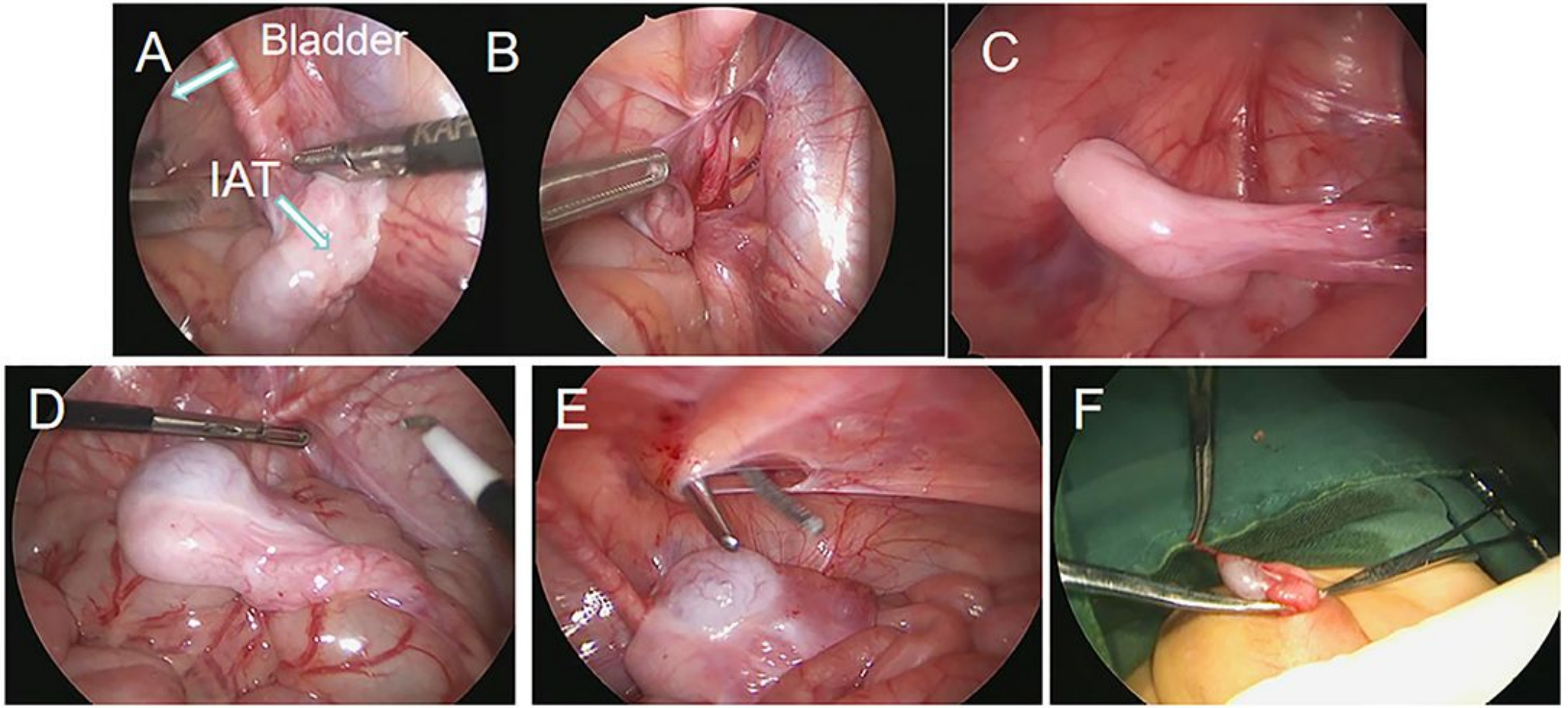
Higher levels of FSH , in a young boy, gives an indications of bilateral anorchia.

3.Laparoscopy

It is a diagnostic as well as therapeutic tool.
Laparoscopy is done to locate an intra-abdominal testicle.

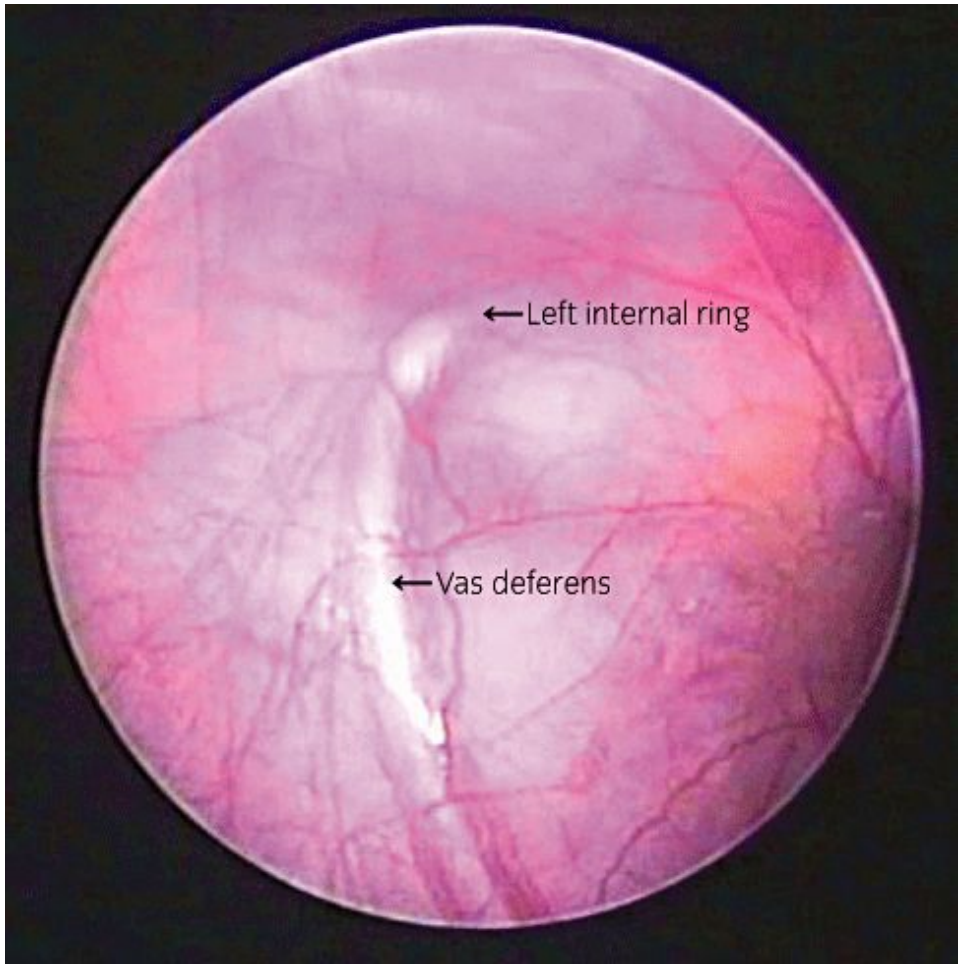
The procedure is often therapeutic at the same time, but an additional surgery might be needed in some cases.

Alternatively, laparoscopy might show no testicle present, or a small remnant of nonfunctioning testicular tissue that is then removed.



(A) Laparoscopy showed high intra-abdominal testes. **(B)** The spermatic vessels of the testes were dissociated. **(C)** The testes were fixed on the opposite abdominal wall. **(D–F)** The second stage of operation reduced the testis to scrotum and fixed the testes.

Blind ending vas deferens in laparoscopy is called vanishing testis, meaning testis is atrophied.



THANK YOU