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Friday, August 12, 2016

16:30 - 18:30
WS #52: Paediatric Forum (120mins - not repeated)

South GP CME General Practice Conference & Medical Exhibition
Undescended testes

Professor Spencer W Beasley
Paediatric surgeon and paediatric urologist
Children’s Specialist Centre
58 Colombo Street
Learning objectives

• Be able to diagnose undescended testis, and distinguish from retractile testes
• Know the timing and management of undescended testes
• Know when to refer boys with testicular conditions to a specialist
• Be able to distinguish an undescended testis from a strangulated hernia
• Be able to diagnose testicular torsion
Disclosures:

No conflict of interest

Except blatant promotion of text
Undescended versus retractile testes

- Undescended testes do not reside spontaneously in scrotum
- If manipulated into scrotum will not stay there unassisted
- Often smaller than normal contralateral testis
- Should be fully descended by 3 months post-term
What to ask in history

Were they down or noticed at birth?
  – Parents’ recollections
  – Recorded
  – Examined and no mention of a problem

Have you ever seen them?
  – If so, in which situation/when?
  – Has anyone else seen them down?

Ascending testes are never absent at birth, and do not become impalpable
Examination for suspected undescended testis
Examination for undescended testis
Examination for undescended testis
Examination for undescended testis
Strangulated inguinal hernia with undescended testis
Role of imaging

Almost none

- **USS:** best for palpable and intracanalicular testis, but no indication
- **CT:** radiation, unnecessary, not used
- **MRI:** expensive, unnecessary
Surgery for undescended testes

• Optimal age 9-18 months
• Older if present later
• Justification: to maximize fertility potential
• If infant has hernia and co-existing UDT repair fix both at same time
• Impalpable testes: specialist paediatric surgical procedure, often involves initial laparoscopy
The Impalpable Testis

10% of UDT

• 1/3 - in abdomen
• 1/3 - in canal
• 1/3 - absent
Explanations for no testis palpable

Don’t assume that because you cannot feel it that it is not there

1. **Testis palpable but missed**
   - Retractile (active cremasteric reflex)
   - Child fat
   - Testis ectopic
Ectopic testis
Explanations for no testis palpable

2. **Testis emergent canalicular**
   - Requires good examination technique to “milk” it out of the canal
Explanations for no testis palpable

1. Testis palpable but missed

2. Testis emergent canalicular

3. Testis truly not palpable
3. Explanations for truly impalpable testis

No testis
- Never been one
- Perinatal torsion with atrophy and involution

High undescended testis
- Intracanalicular (not demonstrable on examination)
- Intra-abdominal
Surgery for impalpable testis

Initial laparoscopy, and proceed according to operative findings
What to look for at laparoscopy

Key: follow vas and vessels to internal ring

If vas disappears into internal ring:
  – Intracanalicular testis
  – Perinatal torsion with atrophy

If vas does not enter internal ring:
  – High intra-abdominal testis
  – Testicular agenesis
Causes of the acutely painful scrotum in children

- Torsion of testis - most important
- Torsion of an appendix testis - most common 80%
- Epididymitis very rare except in first year of life
Acutely painful scrotum

- Mumps orchitis does not occur in children
- Epididymitis very rare between 6 months and adolescence
- May be hard to tell difference between torsion of testis and appendix testis
Torsion suspected

- OPERATE
- Torsion of appendix testis most likely diagnosis
- Torsion of testis most important diagnosis: risk - dead testis
- May be difficult to distinguish them clinically
- Virtually no indication for imaging/radiology
Torsion suspected

• OPERATE
• Torsion of appendix testis most likely diagnosis
• Torsion of testis most important diagnosis: risk - dead testis
• May be difficult to distinguish them clinically
• Virtually no indication for imaging/radiology
• Any doubt: then operate
Umbilical hernia

- Harmless and painless during childhood
- Virtually never strangulate
- 90% resolve by 3 years of age
- Treatment: umbilical hernia repair after 3 years
- Day case surgery under GA