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Clinical Geneticist

Genetic Health Service NZ, Children's Specialist Centre, Christchurch Hospital, Christchurch

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Ophthalmologist

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Professor Andrew Day

Paediatric Gastroenterologist

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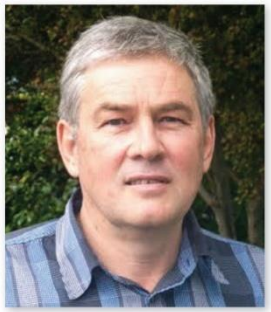

Dr Colin Watt

Child &Adolescent Psychiatrist

Christchurch

FULLY BOOKED

Friday, August 12, 2016 (Room 6)

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

Children's Specialist Centre
58 Colombo Street
Cashmere
Christchurch 8022
Phone 03 337 9470
Fax 03 332 7630

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

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Disclosures:

No conflict of interest

Except blatant promotion of text

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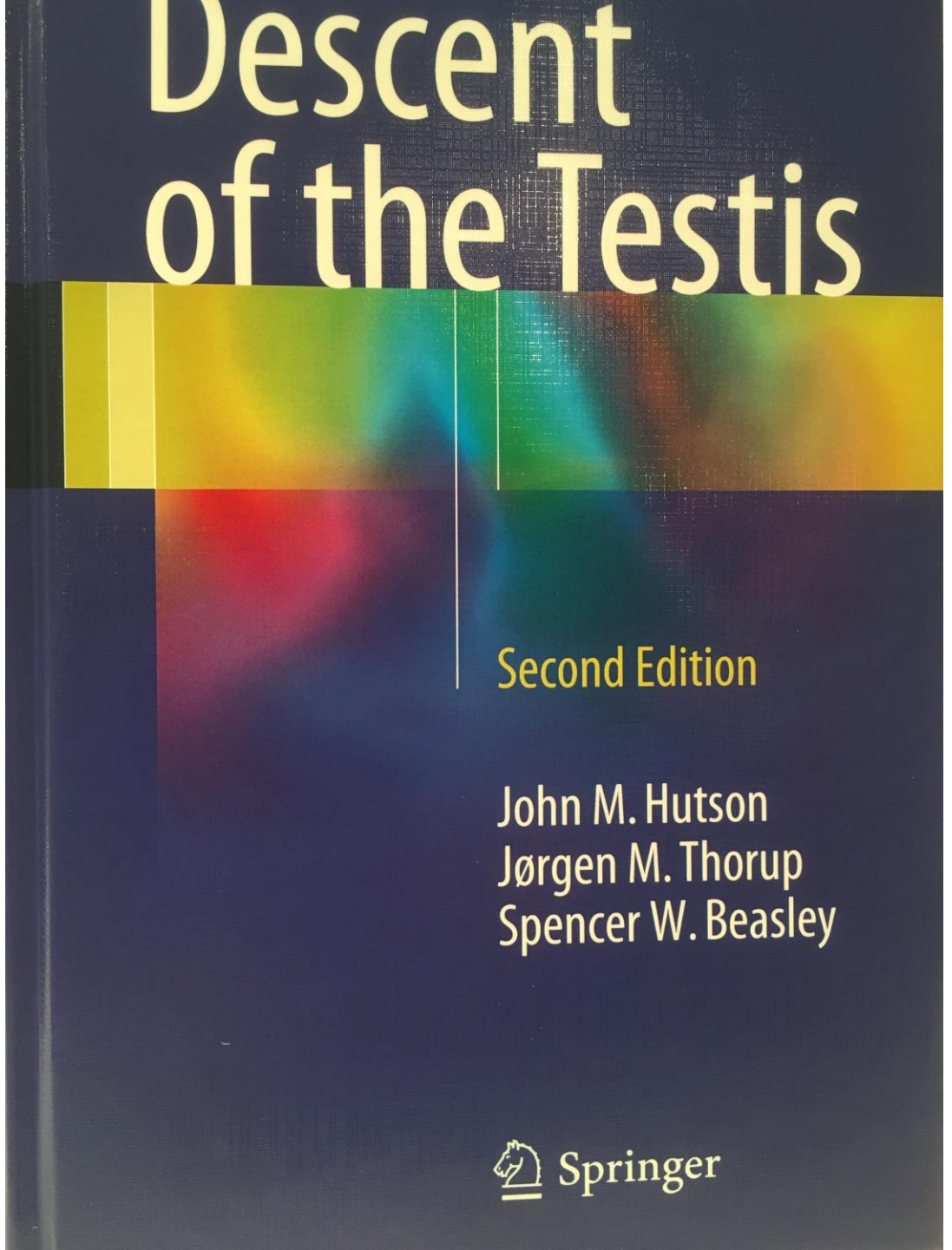

Undescended versus retractile testes

- 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

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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

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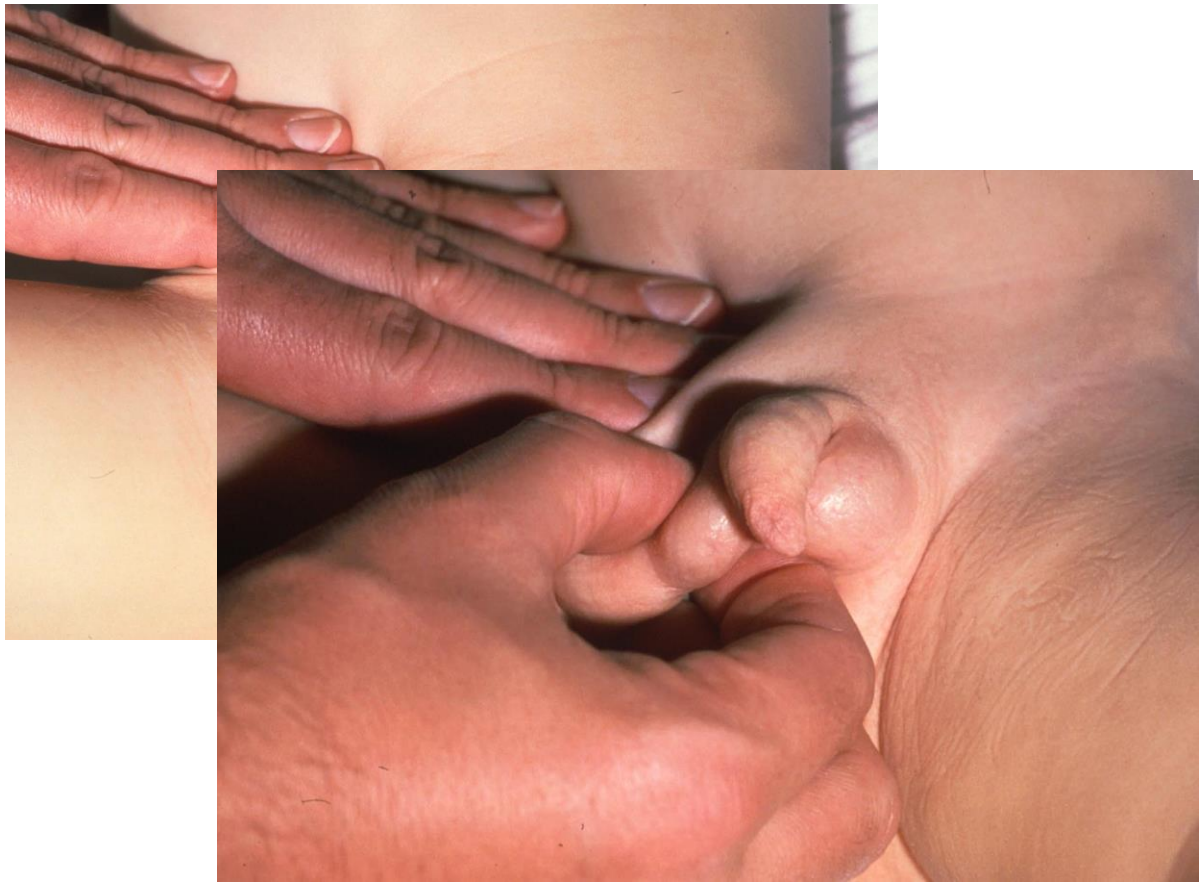
Examination for suspected undescended testis



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Examination for undescended testis

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Examination for undescended testis

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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

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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

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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**

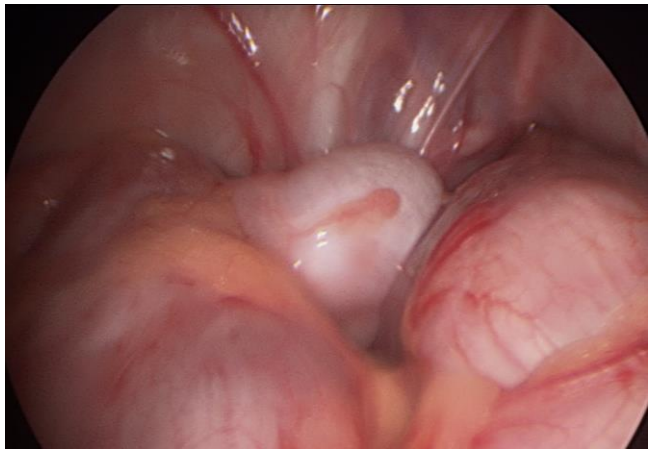
3. Explanations for truly impalpable testis

No testis

- Never been one
- Perinatal torsion with atrophy and involution

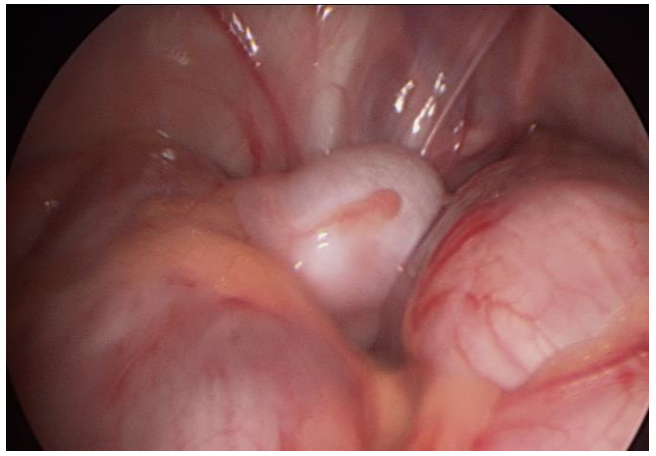
High undescended testis

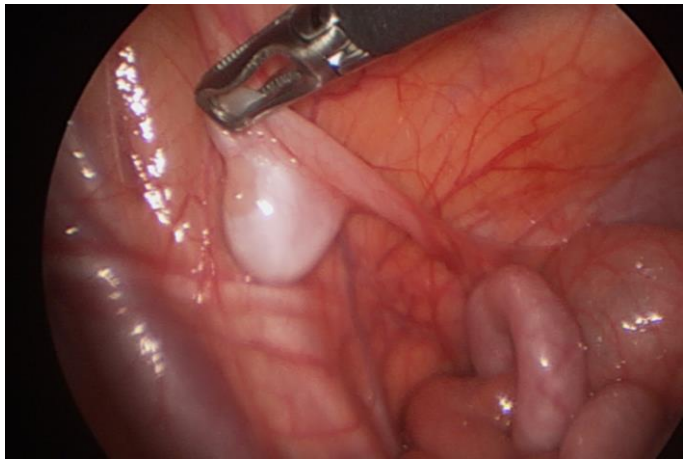
- Intracanalicular (not demonstrable on examination)
- Intra-abdominal



Surgery for impalpable testis

Initial laparoscopy, and proceed according to operative findings



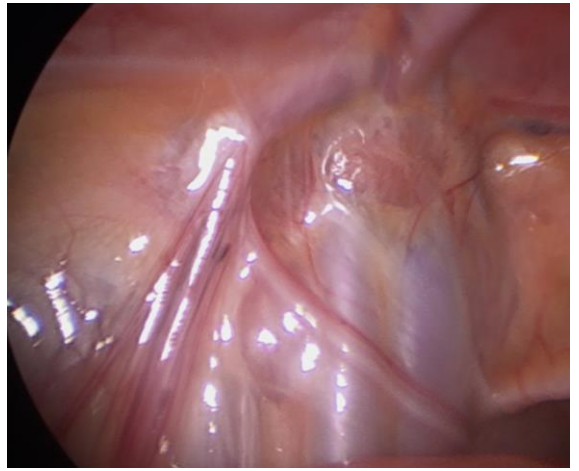


What to look for at laparoscopy

Key: follow vas and vessels to internal ring

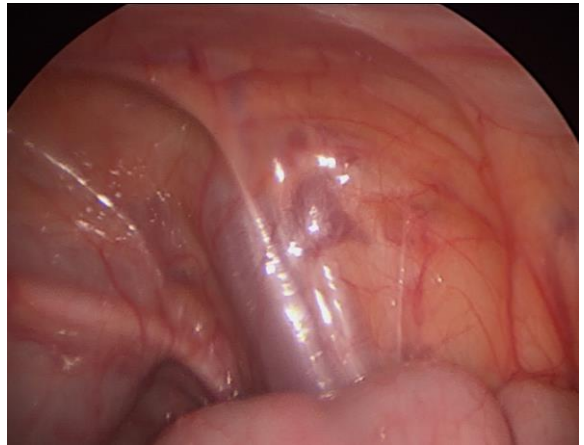
If vas disappears into internal ring:

- 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

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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

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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

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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**

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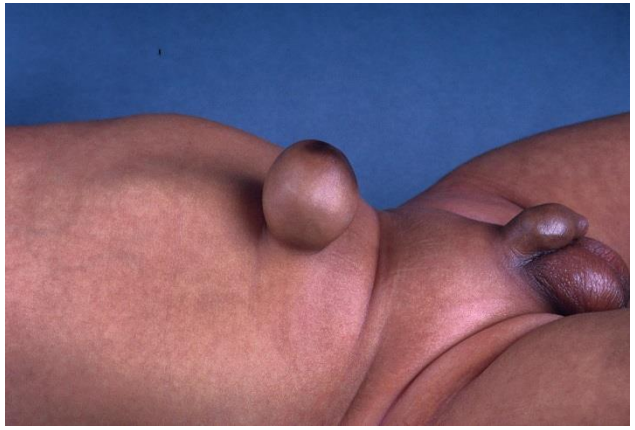
Umbilical hernia



- 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

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