TESTIS

UNDESCENDED TESTES

Definition

Undescended Testes are those which have had their development arrested in the normal path of descent. Ectopic testes are those which have left the normal path of descent and may be found in such regions as the upper thigh, the base of the penis or the perineum (between the legs) but they are unusual.

Incidence

There is a 2% incidence of undescended testes in full term boys. There is an approximately 1% incidence of one year olds. This incidence rises to 20% in premature births.A retractile testis is one, which can be manipulated to the base of the scrotum but then ascends again.Although it is unusual it is possible for testes to be fully descended at birth and ascend to the neck or scrotum or inguinal region between birth and 8-10 years of age. Therefore it is a good idea to check on testicular presence in routine examination of children's abdomen and inguinal regions.
Undescended testicles should be operated upon if still not down by the age of two years.
There is considerable evidence that an undescended testis has up to a 10 times greater chance of becoming cancerous than a normally positioned testis. Over a patient's lifetime that risk remains at approximately 1 in 100.

The advantages of early surgery are:
1. Reduces the risk of trauma.
2. Reduces the risk of torsion(twisting).
3. Increases the chance of subsequent fertility.
4. Deals with a concomitant hernia present in approximately 80%.
5. Improves the cosmetic appearance and reduces psychological trauma.

ORCHITIS (Inflammation of testis)

1. Mumps Orchitis.

This condition occurs in approximately 20% of males who develop mumps. It is unusual before puberty and the pain and swelling starts 3-7 days after the inflammation of the parotid gland on the side of the face. It is often accompanied by fever and approximately 15% is bilateral (both sides). The diagnosis is clinical; there is no surgical or antibiotic treatment.

2. Bacterial Orchitis.

Infection of the testis is usually accompanied by epididymitis(the comma shaped area at the back of the testis which collects the sperm before they travel up the vas deferens to the penis). It usually occurs without warning and the organism may be cultured in the urine. Usually the epididymis is acutely tender. ALL ACUTE PAINS IN THE TESTIS MUST HAVE TORTION EXCLUDED. Epididymo-orchitis may occur following prostatic surgery or manipulation but in over 50% of patients no cause can be identified.

Investigations:
These include culture of urine specimen and any urethral discharge and children prior to puberty a urinary tract ultrasound or IVU (X-ray with an injection of contrast) is appropriate.

Management:
Empirical management such as bed rest, adequate scrotal support, elevation and antibiotics such as Trimethoprim, Norfloxacin, Doxycycline may be effective. Treatment may be necessary for up to 6 weeks. Occasionally an abscess may develop and that should be drained. Sometimes orchidectomy (removal of testicle) is necessary.

CHRONIC EPIDIDYMO-ORCHITIS (Long-lasting)
In cases of chronic epididymo-orchitis tuberculosis must be excluded. This may is a rare but recognised complication of intravesical BCG treatment used for treatment of carcinoma insitu and recurrent superficial transitional cell cancer of the bladder. Treatment should be as outlined by the health authorities tuberculosis protocol.Chronic granulomatous orchitis may occur in men who have had recurrent urinary tract infections. The reason for the granuloma appears to be that of a foreign body type reaction but the cause is not clear. Often the diagnosis is made at orchidectomy (removal of testicle) carried out for a suspicious testicular mass where tumour cannot be excluded withou