

UNDESCENDED TESTIS
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How do the testicles normally descend?

The testicles are the sex organs that ultimately produce sperms and the male hormones like testosterone. They are formed near the kidneys in the foetal life. As the baby grows, they descend from the abdomen to the groin, through a hole or a defect in the lower abdominal wall by about 8th month of intrauterine life. Subsequently, around the time of birth of the baby, they descend into the scrotum. Normally, they are in the scrotum at the time of birth.

When does a testicle not descend?

Sometimes a testicle doesn't descend into the scrotum before birth. Instead, it stops some where along the normal pathway between the kidney and the scrotum. Or, at times, it may stray away from this pathway. The exact reason why this happens is not known. An undescended testicle is more common in premature babies (the chance is higher than 10 times than a normal full term baby) and mostly only one testicle is affected.

A retractile testicle

A retractile testicle is sometimes confused with an undescended testicle. A retractile testicle has descended into the scrotum. However, when the muscles that attach to the testicle contract, the testicle is pulled back up into the groin. As the boy matures, testicle will remain in the scrotum. Surgical treatment is rarely needed for this problem, however, a follow up check is essential.

An undescended testicle

Your baby's doctor may detect an undescended testicle at birth. More often, it is found when the baby is a few month old. The doctor will most likely check the testicle over the next few months to see if it descends on its own. If not, a surgical correction is needed to bring the testicle down into the scrotum.

Locating an undescended testicle

The undescended testicle can usually be felt during a physical exam. Your baby lies on his back for the exam. An older child may be asked to squat. The doctor places his or her fingers on the child's groin and then gently moves them toward the scrotum until the testicle is felt. If the testicle can't be found with a clinical examination, then imaging studies such as ultrasound scans or other special tests may be needed.

Watchful waiting

The doctor will most likely wait for a few months, in case your child is less than 6 months of age, to see if your son's testicle will descend on its own. The closer the testicle is to the scrotum, the greater the chance it will come down. If the testicle does not descend on its own, it can still be treated. If both testicles have not descended, or if the testicle is above the groin, the doctor may advise tests and earlier treatment.

Why is treatment needed for undescended testicles?

If the testicle doesn't descend on its own, it should be treated. Your doctor will discuss the best time with you. Psychologically, it is always better for a male person to have both the testicles in the scrotum.

The testicle needs an optimal temperature of one degree lesser than the body temperature for its proper growth. Hence, the longer a testicle remains out of the scrotum, the more likely it is that it will produce fewer sperms.

A high undescended testicle also has a higher risk of testicular cancer. This is true even after the testicle is brought down into the scrotum. The testicle down in the scrotum makes a problem easier to find.

An undescended testicle can have an accompanying small hernia in the wall between the abdomen and the groin. This concomitant hernia needs to be treated to prevent future problems.

Surgery

The testicle is brought down into the scrotum by an operation called Orchidopexy. Rarely, a testicle is malformed or deformed and must be removed.

You and your son are asked to arrive at the hospital or surgery centre on the previous night /morning of surgery. This operation is done under general anesthesia where the child would have no pain during the procedure. The operation involves making two small incisions (cuts) – the first is made in the groin or lower abdomen and another small incision is made in the scrotum. The testicle is detached from the tissue where it is attached abnormally. Then it is brought down and stitched to the wall of the scrotum. In case the testicle could not be fully brought down to the scrotum in one attempt, it may be fixed just above the scrotum. Rarely, the testis is defective or too small, and under such circumstances it may have to be removed.

After Surgery

Your son is likely to go home on the same day after surgery. Rarely, if there is some swelling or vomiting after anesthesia or if he is unable to pass urine freely, then the doctor may ask your child to stay overnight. He should be feeling better in 2 to 3 days. The doctor may prescribe medication to relieve any pain your child has. Be sure to use it as directed. The stitches will dissolve or need to be removed in 7 to 10 days after surgery.

Follow Up

Your son should have his testicle examined for several years after the operation to see whether for several years after the operation, the testicle is growing well and feels normal. But be rest assured that your son could lead a normal adult's life.

In case where the Testicle had to be removed, an artificial testicular prosthesis of appropriate size may be inserted when the child is older. These testicular implants are manufactured in India and are easily available.