

PENILE ECTOPIC TESTIS: A CASE REPORT**IBRAHIM AG, ALIYU S, ADAMU S, SALIM MU.**

SUMMARY

Cryptorchidism or undescended testis is the most common congenital genitourinary disorder in boys. The true undescended testis has stopped along the path way of normal descent, while ectopic testis is in an aberrant location, such as the base of the penis, superficial inguinal pouch, medial aspect of the upper thigh, or the contra lateral scrotal sac. The undescended or ectopic are both referred to as maldescended testis. We report a case of a 30 months old child with ectopic right testis at the dorsum of the base of the penis who was managed by orchidopexy.

KEYWORDS : Penile Ectopic Testis, Orchidopexy, Outcome.

INTRODUCTION

The testis usually begins its inguinoscrotal descent at 28 weeks' gestation under mechanical, endocrine, and neural factors. After birth as circulating maternal estrogens decrease, pituitary gonadotropins are stimulated, with the surge of testosterone peaking at 60 days. This event account for the testicular descent usually seen during the first three months of life¹. This hormonal surge is diminished or absent in maldescended testis. After birth, infants should be reevaluated for descent at 3 to 6 months because few testes descend after this time². Testicular trauma/torsion, infertility, and malignancy are associated with undescended testis³⁻⁶. Normally, descended testis and crypto orchid testes have identical histology until age 1 year when the latter begin to deteriorate⁷. Even the

contra-lateral descended testis also exhibit germ cell loss and is at risk for malignancy. This is the reason for offering such patients orchidopexy at about one year of age.

CASE REPORT

The patient was a 30 month old male child, a product of full term gestation. The mother was a 32 year old multipara with no formal education, and the father is an artisan with no western education. She did not avail herself to antenatal care and delivery was unsupervised at home. The patient was fully immunized for his age. The presenting complains was painless swelling at the dorsum of the penis notice at birth, and progressively increasing in size. Child was found to be healthy looking, fit and active, not pale, febrile, with good hydration status. Male external genitalia noted with intact prepuce, an empty right hypo plastic hemiscrotum, and a firm lump at the base of the penis consistent with a testis (Fig 1). There was no other congenital anomalies found and other systems are essentially normal. Ultrasound scan revealed ectopic right testis. Other investigations done were hemoglobin genotype which was AA. Packed cell volume (PCV) was 39% while urinalysis, full blood count and blood chemistry were all within normal. Patient had orchidopexy and circumcision (Fig 2) under general anesthesia with prophylactic antibiotic (ceftriaxone and metronidazole). The postoperative recovery

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was uneventful and patient was discharged after 3 days. He was seen two weeks after surgery with no complaints and the wound had healed. Patient has been planned for long term follow up.

DISCUSSION

Ectopic testis is one of the commonest congenital genitourinary tract anomalies. In most cases the diagnosis is apparent at birth, however there is need to thoroughly evaluate for other anomalies as testicular ectopia can coexist with inguinal hernia⁸. In developing countries the diagnosis is usually made in the postnatal period and occasionally in adulthood⁹. However in developed countries the diagnosis of ectopic testis can be made prenatally especially with high resolution ultrasound scan¹⁰. In the index patient the diagnosis was made in the third year of life. In most cases the diagnosis is made clinically, though few cases require radiological localization e.g. ultrasound scan¹¹ and MRI¹² and occasionally laparoscopic procedures may be required to localize the testis and assess the length of the vas and testicular vessels for

effective orchidopexy especially transverse ectopia¹³. In the index patient we had no course to resort to these procedures. Opinions are divided over optimum time for repair. Some advocate early repair for ectopic testis as delay will not change the course of descent, while in undescended testis the optimum period is at one year of age at which testicular descent most have been completed¹⁴. During the definitive treatment of orchidopexy coexisting hernia can be repaired¹⁵. The index patient had right orchidopexy and circumcision. In older children and adults, testicular biopsy for histology is advocated¹⁶. The hospital stay was three days, and no morbidity was recorded in keeping with current trends in minor surgical procedures. However, long term follow up as was planned for this patient is necessary to detect early the long term complications of ectopic testes.

In conclusion, ectopic testes, though uncommon, when encountered a thorough evaluation and early treatment are essential for a better outcome.■



Fig 1. Ectopic right testis at base of penis.



Fig. 2. Right orchidopexy and circumcision

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