

DO WE TREAT UNDESCENDED TESTES ON A TIME!?

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Background and Aims

Undescended testes are the most common anomaly of the male genitourinary tract. The guidelines suggest that orchidopexy in congenitally undescended testes should be performed between 6 and 18 months of age, while in acquired undescended testes orchidopexy should be performed before puberty. Delay in treatment increases the risk of cancer and infertility. The main aim of this study was to determine whether we meet international standards in the treatment of undescended testes.

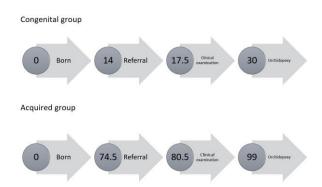


Figure 1: Median times (months) from birth to orchidopexy

Methods

The study included all boys who underwent orchidopexy either due to congenital or acquired undescended testes in 2019. For each group, laterality, location, associated anomalies, premature birth and in how many cases ultrasound was applied, were determined. Also, for each group, the types of surgery, the number of necessary reoperations and in how many cases atrophy occurred, were determined. Finally, the age of referral, the age of clinical examination, and the age of orchidopexy were determined.

Results

During this period, 198 patients with 263 undescended testes underwent orchidopexy. The median time of orchidopexy for the congenital group was 30 months while for the acquired group was 99 months. In the congenital group up to 18 months of age, orchidopexy was performed in 16 (16%) bovs. while in the acquired group up to 13 years of age, orchidopexy was performed in 95 (96.94%) boys.

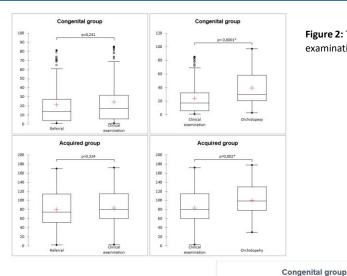
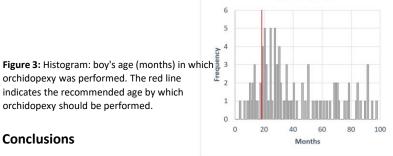
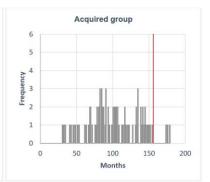


Figure 2: Time from referral to clinical examination, and from clinical examination to orchidopexy for congenital and acquired group.





Conclusions

Given the well-known risks of late treatment of undescended testes, orchidopexy needs to be done much earlier. Also, it will certainly be necessary to conduct extensive education and public health intervention for pediatricians and family physicians in order to move the time of referral to an earlier age.







