

Pediatric Urology of North Carolina
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Undescended Testes (Cryptorchidism)

What is cryptorchidism (undescended testes)?

Cryptorchidism (or undescended testes) is a condition seen in newborns when one or both of the male testes have not passed down into the scrotal sac. Thirty percent of cases are bilateral (involve both testes). Cryptorchidism is more commonly seen in premature males because the testes do not descend from the abdomen to the scrotal sac until the seventh month of fetal development.

What causes undescended testes?

Undescended testes may occur for several reasons. While prematurity is a leading cause, other causes may include hormonal disorders, spina bifida, retractile testes (a reflex that causes a testicle to move back and forth from the scrotum to the groin), or testicular absence.

Who is affected by undescended testes?

- Undescended testes occurs in 100 percent of premature male infants weighing 900 grams (2 pounds) or less.
- Undescended testes occurs in 17 percent of premature male infants weighing 2 to 2.5 kg (4.4 pounds to 5.5 pounds)
- Undescended testes occurs in 3.4 percent of full-term infants.
- There is also a genetic component: 6 percent of fathers of males with undescended testes also had the condition.
- In rare cases, boys who undergo an inguinal hernia repair may develop undescended testes.

What are the symptoms of undescended testes?

A non-palpable testis (unable to feel upon examination) is the most common symptom of cryptorchidism. However, each child may experience symptoms differently. Symptoms of cryptorchidism may resemble other conditions or medical problems. Always consult your child's physician for a diagnosis.

How are undescended testes diagnosed?

Diagnosis of undescended testes is made based on a complete medical history and physical examination.

Treatment for undescended testes

Undescended testes usually resolves without any intervention by the time that the infant is 6 months old. Resolution occurs as the testicles (or testes) descend from the inguinal canal (a small internal passageway that runs along the abdomen near the groin) into the scrotal sac. If the testicles (or testes) have not descended by 6 months of age, the testicles may not descend at all.

Specific treatment for undescended testes will be determined by your child's physician based on:

- your child's age, overall health, and medical history
- the extent of the condition
- your child's tolerance for specific medications, procedures, or therapies
- expectations for the course of the condition
- your opinion or preference

Treatment may include:

- hormonal therapy - administration of certain hormones may stimulate the production of testosterone, which helps the testes descend into the scrotal sac. This is not routinely used for treatment of truly undescended testes.
- surgical repair - a surgical repair to locate the undescended testicle and advance it to the scrotal sac may be recommended by your child's physician. This surgery, called orchiopexy, is usually performed between months 6 and 18 and is successful in 98 percent of children with this condition.

If cryptorchidism is not repaired, the following complications may occur as your child grows and matures:

- infertility (most common in bilateral cases, where both testes are affected)
- risk of testicular cancer increases considerably by age 30 or 40
- inguinal hernia (a weakened area in the lower abdominal wall or inguinal canal where intestines may protrude)
- testicular torsion (a painful twisting of the testes that can decrease blood supply to the testes)
- psychological consequences of an empty scrotum