



African Journal of Urology

Official journal of the Pan African Urological Surgeons' Association
web page of the journal

www.ees.elsevier.com/afju
www.sciencedirect.com



Andrology and Male Sexual Dysfunction

Original article

Undescended Testes: Contemporary Factors Accounting for Late Presentation

O.H. Ekwunife*, J.O. Ugwu, C. Onwurah, C.C. Okoli, L.K. Epundu

Department of Surgery, Nnamdi Azikiwe University Teaching Hospital Nnewi, Nigeria

Received 28 December 2017; received in revised form 27 May 2018; accepted 31 May 2018; Available online 3 August 2018

KEYWORDS

Cryptorchidism;
Late presentation;
Orchiopexy;
Testicular atrophy;
Scrotal examination

Abstract

Introduction: Early detection and treatment of undescended testes by orchiopexy by 6–12 months of age is important to minimize germ cell loss and improve the individuals' fertility index. Decades since after the adverse relationship between the delayed treatment and infertility was established, we are still having young boys presenting very late with undescended testes.

Objective: To understand the current reasons behind the increasing rate of late presentation of boys with undescended testes.

Patients and methods: Clinical records of patients managed for undescended testis from January 2011 to December 2016 were reviewed. In addition, where the needed information was not recorded in the case files, telephone interviews and/or invitation for a clinical examination were employed when necessary to obtain complete data.

Results: There were 39 patients with 50 undescended testes (16 left, 12 right and 11 bilateral). The age range at presentation to the hospital was from 1 day to 11 years. Undescended testes were noticed in 27 (69%) children at the age one year or less. Of this number, 19 (70%) sought medical attention at any hospital within one year of age of the child, 11(41%) were presented to our unit for treatment within the child's first birthday, and 7 (26%) had surgical treatment within 2 years of age. Age at surgery ranges from 16 days to 11 years.

The delay in presentation progressively declined as the parental academic level increases.

Only 7 (18.0%) and 2 (5.1%) children were examined by a doctor after birth and at 6 weeks post natal visits, respectively. A majority of the empty scrotum was first noticed by the parents/grand mother in 25(64%) children as against 12 (31%) by health workers.

Causes of late presentation include: parental ignorance of the abnormal position of the testes, 14 (35.9%); wrong information by clinicians at the hospital of first visit, 9 (23.1%) and erroneous belief that the testes will still descend, 8 (20.5%).

* Corresponding author.

E-mail addresses: hyginusekwunife@yahoo.com, hyginusekwunife@gmail.com (O.H. Ekwunife).

Peer review under responsibility of Pan African Urological Surgeons' Association.

<https://doi.org/10.1016/j.afju.2018.05.007>

1110-5704/© 2018 Pan African Urological Surgeons Association. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

At surgery, more testes in those aged 2 years and above were of low volume when compared with those aged less than 2 years.

Conclusion: Majority of children with undescended testes are still being presented late for surgical correction, with its attendant adverse consequences on fertility. Non examination of the newborn by clinicians, inadequate parental health education and delayed or neglected referral are the major responsible factors.

© 2018 Pan African Urological Surgeons Association. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Undescended testis is the most common disorder of sexual differentiation in boys; and it is defined as the testis that is not in the scrotum or cannot be brought down into the scrotum during physical examination [1]. It affects about 1.0–4.6% of term neonates, though value is higher in the preterms (1.1–45.3%) [2]. Infertility, sub-fertility, neoplasm, inguinal hernia and testicular torsion are the important sequelae of this abnormal development. Beyond one year of age, the incidence of azoospermia in un-treated undescended testis ranges between 13% and 89% in unilateral and bilateral cases, respectively [3,4]. Early detection and treatment of undescended testes by orchiopexy between 6 and 12 months of age is thus important to minimize this germ cell loss and improve the individual's fertility index, especially in those whose gonocytes has transformed into the Ad (dark) spermatogonia [3].

Decades since after the adverse relationship between the delayed treatment and infertility was established, we are still having young boys presenting very late with undescended testes. Despite the rising cases of male infertility in our clime, it seems that inadequate attention has been paid to undescended testes as a possible contributor. Although published reports on undescended testes in Nigeria are still few, in almost all the reports, late presentation and treatment were also identified as a challenge [5–7].

In our practice, we are also faced with similar challenge of rising rate of late presentation of children with undescended testes. And except we fully understand the reasons behind this delayed seeking of surgical care behaviour, we may not be able to put up measures to reduce it. This forms the basis of this study on the current factors behind continued late presentation of boys with undescended testes to our surgical service.

Patients and methods

The study is a cross sectional one, utilizing data that were both retrospectively and prospectively collected.

Hospital records of patients managed for undescended testes at Nnamdi Azikiwe University Teaching Hospital Nnewi, a tertiary hospital, from January 2012 to December 2016 were reviewed and relevant information on bio-data, clinical features, reasons for late presentation and outcome of treatment were extracted.

Late presentation was defined as those cases that presented to us for the first time or were treated after the 2nd year of life. Delayed

treatment refers to those that accessed surgical correction after the 2nd year of life even though they presented before the second year of life. In patients with staged surgery, the second stage was done 6months after the first.

Where the needed information was not recorded in the case files, telephone interview of the parents were employed when necessary to obtain complete data. Where necessary, patient and parents were invited for a clinical examination.

Telephone interview was conducted by an interviewer trained for the purpose. Oral informed consent was obtained from the responders, and they were at liberty to choose an interview time conducive for them. Assent from older children was also obtained.

All children with undescended testes who were treated over the period, whose parents/guardian gave oral consent and whose data were complete were included in the study.

Four cases were excluded comprising those with incomplete data, those that declined consent or failed to report for clinical assessment when invited.

All patients were placed on continued regular clinic follow-up to monitor testicular development.

Statistical Package for Social Science (SPSS) Statistics for Windows (version 21.0 Armonk, NY: IBM Corp.) was used for data analysis. Comparisons between variables were done using Chi-square tests. Statistical significance was inferred at *P*- level of <0.05.

There is no conflict of interest, and no funding was received for the research.

Results

There were 39 patients with 50 undescended testes (16 left, 12 right and 11 bilateral). The age at presentation to the hospital ranges from 1 day to 11 years with a median and mean values of 48.67 and 51.14(42.75) months, respectively.

In 27 patients, undescended testis was first noticed when the child was still within the first year of life. Out of this number, 19(70.4%) sought medical attention after the discovery at any hospital nearby while the child is still a year or less. A lesser number, 11(40.7%) was able to present to our paediatric surgery clinic for treatment before

Download English Version:

<https://daneshyari.com/en/article/11008254>

Download Persian Version:

<https://daneshyari.com/article/11008254>

[Daneshyari.com](https://daneshyari.com)