

Undescended testes

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A normally descended testis reaches the scrotal floor with a good cord length above it and remains there. Testicular descent is usually complete by the 30th week of gestation. At birth, 4% of full-term and 30% of premature boys have an undescended testis (UDT). Boys should be examined at birth and at 6 weeks; if a UDT is found, they should be seen at 3 months since a testis is unlikely to descend after this time. An orchidopexy is then scheduled for between 6 and 12 months. Occasionally a palpable UDT undergoes torsion and presents as a painful lump in the groin with an empty hemi-scrotum. Clinical examination distinguishes a normal testis from a palpable or an impalpable UDT. A testis cannot be palpated in the canal; it can only be felt when delivered to the superficial pouch, which is also called Denis Browne's pouch (a pocket between Scarpa's fascia and the external oblique fascia Anton Nuck, 1650-1692, Dutch anatomist and surgeon who described the peritoneal outpocketing neighbouring the round ligament of the uterus as it extends to the labia majora. Peter H Lord, 1925-2017, Consultant General Surgeon, Wycombe General Hospital, High Wycombe, UK. Mathieu Jaboulay, 1860-1913, Professor of Surgery in Lyon, France. Sir Denis John Browne KCVO, 1892-1967, the first British surgeon to devote all his care to children. Robert Fowler, b 1928, retired surgeon, Royal Children's Hospital Melbourne. Frank Douglas Stephens, 1913-2011, paediatric surgeon who worked in Melbourne, Australia. into the pouch or the canal. Gentle strokes over the canal, directed towards the scrotum, may deliver a normal scrotal or a palpable UDT. Ectopic testes are found beneath the skin of the medial thigh or lower abdomen; they have a long cord, facilitating easy scrotal placement at operation. If hypospadias is seen with bilateral, impalpable UDTs, then a disorder of sexual differentiation is possible and referral indicated (see Chapter 20). Undescended testes

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