

# Yenidoğanda Çift Taraflı Perineal Ektopik Testis

## *Bilateral Perineal Ectopic Testes In A Newborn*

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### Özet

Ektopik testisler, inguinal kanalın skrotuma yakın yerinde, penis kökünde, perinede, karın ön duvarında veya orta hatta yerleşebilir. Testis gelişimi ve inmesi endokrin, parakrin, büyüme ve gelişmenin yanında mekanik faktörlerinde etkili olduğu karmaşık bir yapıya bağlıdır. Biz çift taraflı ektopik perineal olguyu sunduk. Olgu 6 aylıkken opere edildi, 6 ay normal boyut ve yerleşimli olarak takip edildi. Bu raporda cerrahi olarak tedavi edilen çok az rastlanan çift taraflı perineal testisli yenidoğan olgu sunulmuştur.

**Anahtar kelimeler:** Testislerin inişi, ektopik testis, orşiopeksi, anormallikler, tanıği, ERCP

### Abstract

Ectopic testes are found in the superficial inguinal scrotum, base of penis, perineum, abdominal wall, or medial thigh. Testicular development and descending depend on a complex interaction among endocrine, paracrine, growth and mechanical factors. We describe a patient with an ectopic testis located on the bilateral perineally testes. We performed operation at 6 months of age. On follow-up for 6 months, both testes were a normal size consistency, and location. In this report we present an extremely rare congenital anomaly of bilateral perineally ectopic testes in a newborn and its surgical management.

**Key words:** Testicular descent, ectopic testis, orchiopexy, abnormalities, diagnosis.

### INTRODUCTION

The anatomical classification of undescended testes can be further subdivided into maldescended testes, lying somewhere along the normal line of descent, and ectopic testes lying outside that line. It is reported that < 1 % of maldescended testes are ectopic (1). The common sites for ectopic testes include the superficial inguinal pouch, the perineum, the opposite side of scrotum, the femoral canal, and the suprapubic region. It seems extremely rare in anterior abdominal wall, and preperitoneal region (2). 4 bilateral perineally ectopic testes have been reported up to now (3). In this report we present an extremely rare congenital anomaly of bilateral perineally ectopic testes in a newborn and its surgical management.

### CASE

We describe a case of 1 day-old boy who presented with bilateral visible swelling in the perineum lateral to the scrotum. Physical examination findings showed empty scrotum and bilateral oval-shaped soft mass in the perineum measuring 1.5x1x1 cm (Figure 1). A clinical diagnosis of bilateral perineal ectopic testes was made. Scrotal ultrasonography demonstrated bilateral ectopic testes lateral to the scrotum. An operation was planned 6 months of age. Preoperative physical examination findings showed right perineal ectopic testes and left testes was in superficial inguinal pouch (Figure 2). Surgical exploration was performed through bilateral inguinal incisions. Right testes was in perineum, left testes was in superficial inguinal pouch. The length of the testicular vessels and vas deferens were adequate in boy testes. Bilateral orchidopexy was done. Postoperative recovery was

uneventful. The patient was examined 6 months later and bilateral testes were palpabl in the scrotum (Figure 3).

### DISCUSSION

Testicular development and descending depend on a complex interaction among endocrine, paracrine, growth and mechanical factors. The ectopic testes has deviated from the path of normal descent and can be found in the inguinal region, perineum, femoral canal, penopubic area, or even the contralateral hemiscrotum (4). Perineal ectopic testes are a rare congenital anomaly in which the testes are abnormally situated between the penoscrotal raphe and the genitofemoral fold (5). The etiology of testicular ectopia is unknown; however some theories like gubernacular abnormalities, genitofemoral nevre disorders, increased intraabdominal pressure, and endocrine disorders are the most prominent ones (6). Histologic evidence has shown similar findings in patients with ectopic testes and an undescended testis with patent processus vaginalis (7). The ectopic location of the testis is associated with a number of complications, such as trauma, torsion, and infertility in bilateral cases (8). Therefore, treatment is warranted. Most authors recommend surgical correction at approximately 1 year of age, because definite histological changes can be demonstrated in the undescended testes (9). On the other hand some authors advise early surgery in perineal ectopic testes (10). In our case we planned operation at 6 months of age. At birth left testes was in perineum in our case but at six month age it was palpable in left superficial inguinal pouch, we could not be able to explain this situation. Although ascending testes are the



**Figure 1.** Bilateral ectopic perineal testes.



**Figure 3.** Postoperative 6th month.

most likely cause of late orchipexies (11) we thought that it would be an ascending testes. Ectopic perineal testis is relatively rare but easily recognized by simple but attentive physical exam. In addition, ectopic testis is not going to descend by itself, early surgery is advocated, and the long spermatic cord makes it an easy orchidopexy (2).

We believe that ectopic testis must be remembered in differential diagnosis of empty scrotum and long-term follow up of these patients is just as important as operative procedures.

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**Figure 2.** Preoperative imaging findings show right perineal ectopic testis and left testis in superficial inguinal pouch.