Case Report on Cryptorchidism with Small Penis Since Birth

Manjari R. Ingle¹, Savita Pohekar², Ruchira Ankar³, Ranjana Sharma⁴, Aniket Pathade⁵

¹P.B. BSc. Nursing 1st year, Smt. Radhikabai Meghe Memorial College of Nursing Sawangi (Meghe), Wardha, Datta (Meghe) Institute of Medical science (Deemed to be University) Maharashtra, India
²,³,⁴Department of Medical Surgical Nursing, Smt. Radhikabai Meghe Memorial College of Nursing Sawangi (Meghe), Wardha, Datta (Meghe) Institute of Medical science (Deemed to be University) Maharashtra, India
⁵Research Scientist, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences, Sawangi, Wardha, Maharashtra.

Abstract

Background: Male sex glands that produce sperm and sex hormones are known as testicles (testes). Both testicles are usually found in the scrotum. Undescended testicle (UDT), also known as cryptorchidism, is a frequent reason for young males to be referred for urologic evaluation. The genitourinary tract is affected, and it is the most typical congenital defect. A 10-year-old male child is presented with a history of undescended testes with a small penis since birth. As per the narration of the parents, the child was born through full-term normal vaginal delivery with a birth weight of 3.2 kg. He was normally growing with the age but they came to know that the child’s penis is not growing as per age. On Physical Examination, abnormalities occur in the genital region. The non-palpable testicle was found along with the micropenis. Initially, the child is treated with hormonal therapy including Human Chorionic gonadotropin and the luteinizing hormone are given for 8 days. Orchiopexy is performed under general anesthesia by surgeons. A common condition in the pediatric population is cryptorchidism, which is characterized as the absence of at least one testis in the scrotum. Compared to the general population, patients with cryptorchids have a relative risk of testicular cancer that is approximately five times higher.

Keywords: Undescended testis, Human Chorionic gonadotropin, Orchiopexy.

INTRODUCTION

A male genital deformity known as cryptorchidism, which affects 2%–4% of male neonates, is more prevalent in preterm babies. Testicular descent occurs in two distinct stages. (1) The estimated incidence of cryptorchidism in term and/or normal-weight males at delivery ranges from 2% to 8%, according to prospective investigations. (2)

After the age of two, operations on cryptorchid testicles only improve the unfavorable effects of cryptorchidism on fertility, increase the risk of future gonadal cancer, and prevent the un repaired unilateral cryptorchid testis from functioning in maturity. (3) In epidemiological research, several cryptorchidism risk factors have been identified. Low birth weight, being born small for gestational age (SGA), and premature delivery has all been identified as risk factors in various research. Some incidences of cryptorchids may be caused by environmental factors. (4)

CASE SCENARIO

A 10-year-old male child is presented with a history of undescended testes with a small penis since birth. As per the narration of the parents, the child was born through full-term normal vaginal delivery with a birth weight of 3.2 kg.
He was normally growing with the age but they came to know that the child’s penis is not growing as per age. At the age of 3, he was brought for the same problem but the parents were not ready for the surgery now he is a 10-year-old male child, and after taking the surgeon’s opinion he is now brought for surgical intervention.

On Physical Examination, abnormalities occur in the genital region. The non-palpable testicle was found along with the micropenis. Testicular Ultrasound report shows, that a Hypoechore structure of size 10.4 *4.9mm is visualized in the left inguinal region, and small testes and the scrotal sac is empty bilaterally. And blood reports are in a normal range. Initially, the child is treated with hormonal therapy including Human Chorionic gonadotropin and the luteinizing hormone are given for 8 days. Orchiopepy is performed under general anesthesia by surgeons and afterward, he was treated with analgesics, antibiotics, and antipyretics. The child shows a great improvement on the 5th day of hospitalization, the child’s vitals were stable. Medical management continued and the patient’s prognosis was good and advised the patient for a regular 15-day follow-up.

**Discussion**

The ability to diagnose an undescended testis depends heavily on the investigator’s experience and the way the examination is conducted. The youngster is examined during a clinical examination in a warm environment while lying on their back, with their legs crossed, and, if feasible, standing up straight. The scrotum is also visually described. Unilateral or bilateral cryptorchidism is suggested by an asymmetric and hypoplastic scrotum, respectively. (2-10) In unilateral cases, late orchiopepy would only help to detect neoplastic degeneration before the appearance of pain or symptoms from metastases because cryptorchid testicles operated on after the age of two years only provide hormonal supply adequate for the development of secondary sexual features but not fertility. The first therapy choice for adult cryptorchidism should be orchietomy if there are no significant psychological or aesthetic factors. (11-22)

Infertility, testicular cancer, and mental discomfort are all linked to true cryptorchidism. The chance of developing cancer is reduced to normal if the disease is treated by age 10. Treatment during the second trimester of life seeks to stop his topological alterations and is not linked to more complications under the care of skilled pediatric surgical teams than when carried out later in life. The essence of treatment is surgery. Palpable or even non-palpable testes have often been treated using inguinal or high scrotal techniques. When it comes to the diagnosis and treatment of non-palpable testes, laparoscopy has become the norm. (23)

In assessing undescended testis, diagnostic imaging is largely ineffective and does not change how they are managed. Additionally, imaging adds much more to annual health care costs for Medicare beneficiaries and is expanding more quickly than any other physician-prescribed treatment due to its high cost. (7) In the normal assessment of males with undescended testes, diagnostic imaging plays no part. Due to ultrasound’s subpar diagnostic capabilities and heavy usage in this situation,(24-28)

**Conclusion**

A common condition in the pediatric population is cryptorchidism, which is characterized as the absence of at least one testis in the scrotum. Compared to the general population, patients with cryptorchids have a relative risk of testicular cancer that is approximately five times higher. The condition known as cryptorchidism is linked to 10% of all testicular cancers. At age 6 to 12 months, without a routine biopsy, surgical orchiopepy is the most effective method of treatment for cryptorchidism. The chromosomal sex and hormonal status must be determined if there are no palpable testicles or other hypovirilization symptoms, such as hypospadias. The best method for identifying and treating intra-abdominal testes is laparoscopy.

**References**


