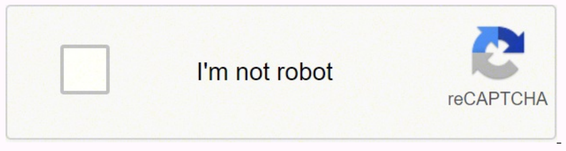

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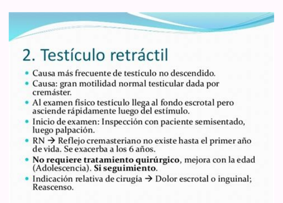

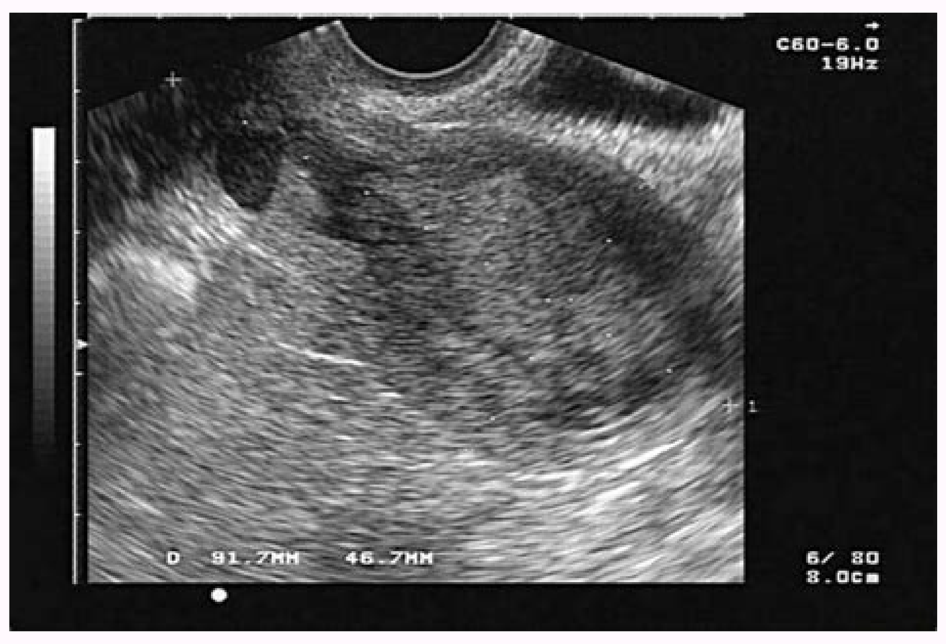

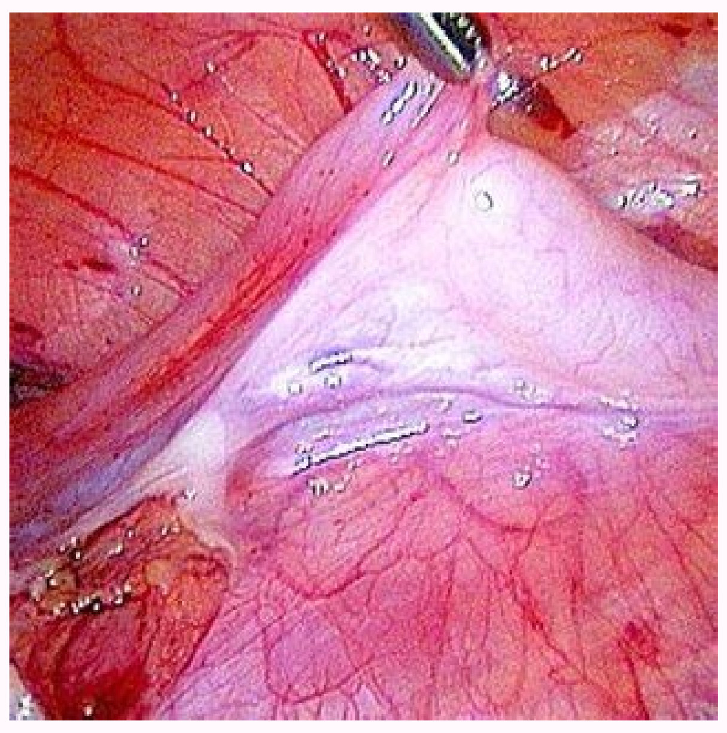

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His approach and management | 28Ã¨ ENEÃ¨ 13This article focuses on the diagnosis, assessment, indications for bypassing and treatment of some of the most common testicular problems encountered in pediatrics.Introduction Diagnosing and treating many testicular abnormalities in childhood can be difficult and frustrating for the primary care physician. Moreover, if these problems are not assessed and addressed in a timely manner, they can have significant consequences. Congenital 1- Non-lowered testicles 2- Hernia and hydroceles 1.Ä Non-lowered testicles Definition: An undlowered testicle (cryptorchidia) is stopped along its normal descent path. Incidence: It is seen in about 1% of full-term male infants per year of age; 20% of non-lowered testicles are palpable. Etiology: The testicle develops from the bipotential gonad at 6 weeks of gestation under the influence of the SRY gene. SÃÂ©rtoli and Leydig cells secrete metal inhibitor (MIS) and testosterone, respectively. The secretion of MIS causes regression of Mullerian structures. Testicular decrease occurs as a result of a complex interaction of different factors such as testosterone, calcitonin-bound G peptide, insulin, gubernacle, vaginal process and intra-abdominal pressure. Failure of any of these mechanisms can cause lack of descent or poor descent of the testicle. When a testicle is palpable, it may represent an intra-abdominal testicle or a testicular disappearance syndrome (testicular agenesis). The retractable testicle occurs as a result of overactive contraction of the creamy muscle. Diagnosis: Clinical examination is essential for diagnosis. It is important to distinguish between the non-descent testicle and the retractable testicle. In the case of retractable, the testicle can easily be brought to the base of the scrotum and you lose tension. The stimulation of the cremasterian reflex when you rub the inner face of the thigh can induce the testicles to retreat along the normal descent line. The typical story is that of the testicles that are easy to see and feel in the scrotum when the child is relaxed in a hot bath. A careful examination must be carried out to detect a superficial ectopic testicle in the groin, perineal, inner thigh or even at the base of the penis. In the case of non-palpable bilateral testicles, an intersex condition should be suspected, and the hormonal profile and the carotype should be characterised. If the undisturbed testicle is unilateral and is associated with a proximal hypospadia, an intersex condition should also be suspected and the assessment should be performed together with a child endocrinologist. Treatment: Huff and his colleagues characterized the changes taking place inside the testicles in the first years of life. An undisturbed testicle undergoes structural changes within the first two years and can potentially compromise fertility. However, the most recent evidence suggests that changes may occur much earlier, between six and twelve months. In addition, it is more prone to trauma and torsion. The relative risk of cancer in an unbound testicle is 3,7 to 7,5 times higher than that of a normally descending testicle. The orchid does not reduce this risk, but makes the testicle more favourable for self-evaluation. A non-lowered, one-sided palpable testicle should be observed during the first three months of life to take advantage of the increase in testosterone that could help to get even lower. The current consensus is that if the testicle remains undisturbed after three months of age, it is unlikely that it will spontaneously So the surgery is justified. Hutson and his colleagues recommend surgery after 3 months of age in centres with adequate facilities to perform surgery at this age. The treatment of choice for un palpable unilateral testicles is laparoscopy. All patients are examined in general anesthesia and, if the testicle is palpable, an open orchidopexia is performed. If the testicle is not palpable, a diagnostic laparoscopy is performed. If the testicle is of good quality, it can be brought down with orchidopexia either in one or two steps according to the phases of Stephen Fowler's principle. There is a very little significant role for inguinal exploration isolated from a non palpable testicle. If laparoscopy shows terminal gonadal vessels and deferent ducts with blind ends in combination with a non palpable testicle, the patient has testicular agenesia and no further actions are required. If laparoscopy indicates vital gonadal vases and deferent ducts leaving the inner ring, the groin must be examined to confirm the presence or absence of vital testicular tissue. Results: Patients with undecreased testicles may have a potentially reduced fertility in adulthood. Cases of unsided testicles have a better fertility prognosis (it is believed that they have a normal fertility if the counterlateral test is normally lowered) than those with unlowed testicles or bilateral intra-addominal testicles. Literature suggests a fertility rate of up to 80% for unsided testicles and 50-60% for bilateral testicles. High testes Some children can present themselves later in childhood with an unlowed palpable testicle. It is observed that these can be normally placed in the scrotum during postnatal examinationen los seals con rol de salud. These tests are 173; the colour is called tests 173; the ascending colour of the difference from the lot test 173; cults in the descendants. Tests 173; culto ascenso es el resuresuresutto de en differential crecrecremiento del ni o, en compacion el cremiento de las estrstructuras del gubernaculum y del cordi195; January; n, for what he tests © "3rd; 3rd? falling and posacin cults; n;;;;;;;;;;;;;;;;;; Lots of test 173; cults ascesidos pueden representative of the cohort of ni 177; the unions somtidied to the orchestra. At the incidence of test 173; cults in the descendants may be such high coma of the 32 to 50% en cases en los that tests are 173; significant ass es retr195; 161ctile. He also elevates his testicles 169n can be heyorogen 169; no secular surgery 173; the inguinal luego de la repaccicii195; One gingival hernia. If the Orquidaxia es es com195 is recipient; A vaginal process obliterated in place of a permeable vaginal process is found in the moment of surgery 173a. 2 The vaginal process cyst (PV) leak may lead to l195; 173quid peritoneal (Hydrogen) or v2 173; intra-abdominal shears (Hernia) within a permeable vaginal process. Ethiologist? 173a: The PV shall be decomposed during the descent from the tests 173; Color y action? the co-op lead para que test is 173; intra-abdominal fetal cult pueda passes to the scrotum. In natural history it is that he PV purges amazingly 161; not within the first two 177s of life. A PV permeable may be present in hasta el 60% of the early 177s in the months of life, momento en el el that fiey a steady descent hasta los 2nd 177s of edad. Los nios 177os with tienen stortoriquidia with frequency a permeable PV. Diagnosis: the permeable PV should be sensitive to potential hernia. An awareness of the high incidence of a permeable vaginal process in the reci1959; hidrocele en el maÃ 173; odo neonatal. T 173; pially, el hidrocele if presenta sina dolor y with inflation Ã3n escrotal de tama195; or variable y la hernia inguinal coo an inflation i195;3n inguinal intermittent. En niÃ 177o s sindaces, el hidrocele puede manifesto as por primera vez desu. 169s de una enfermedad viral o gastroenterite. El hidrocele can give a coloraci195;3n azulada de la piel. El tama195; 177o puede variear durante el curso del d195; 173a, siendo m195; 161s pequeÃ 177o en maÃ o;177a;a desu195; 169s de un per195; 173odo de descanso. El hidrocele suale ser asintomÃ 161; tico, pero en ocations los niÃ 177; os pueden quejarse de molestatias en la glee en el rotoresc. Es poscibile por encima de la tumraci195;3n escrotal. Los hidroceles caracter195; - samente presentaan transiluminaciÃ33n positive aanyque no es una prueba diagnÃ33 stica muy clara en ni7os peque del os y lacantes porque el contentido del integrino en la heratasca da bia¥© En los grandes hidrocele s donde el testé Ã 173; cult no es palpable se recienda realizar un a eco-grafÃ 173a, especiallyen bebÃ s en los que descrieck descart abhidele o-dominescrotal. The processional sufreobliteraciÃ3;3;3;;;-stic to the wide of the cordcordcordcordcordcord 73179;n. If it presents coo or coo condition or a condition of tumraci195;;;;\\\ 173; cult en direececiÃ3n hacia abajo. El hidrocele puede representative de formas inusuales, coo un hidrocele meconial con apendicitis o despu). 169s de una hemorragia intra-addominale (hematocele). A hernia if I present a como un tumraci195;3n inguinale y puede descendr to the escaroto. Princimilenten en los reci195;169n nacidos y prematuros se puede presentar coo a hernia incarcerada en su primra presentaciÃ3n. n. es posable llengar por circuma de la tumraci195;33n y en la maiones a; a de los casos puede puscir de nuevo en addome. A hernia incarcerated heral seris tumorous and may be associated with bowel obstruction characteristics. Treatment: The natural history of the vaginal process is that it is subject to spontaneous obliteration of about 2 years. Surgery is indicated if the hydrocele occurs older than this age and consists of the high ligation of the process and the partial discharge of the distal sac through a small incision in the groin. This is usually done as a short internment procedure. The need for exploration of the contralateral groin is controversial. In the case of hydrocarbons secondary to the ventriculopercheal derivation or to the catheter of the peritoneal dialect, once the diagnosis has been made, initial bilateral ligation of the PV is recommended to prevent complications. All inguinal hernias require surgical closure of the PV; The time of surgery depends on the age of the child. Surgery is performed as soon as possible for children under 1 year of age due to the increased risk of crossing. In premature babies embarked in a neonatal unit, the preference of the authors is that the hernia is repaired at a time before discharge. Acute Acute Definition Acquired: Acute Scrutum covers a variety of acute conditions with very acute pain and scrotal inflammation. Correct diagnosis and prompt intervention are essential for a better result. Non-compliance or delay in the diagnosis of the testicle is one of the most common causes of medical maliplactice application. Ethylogue: 1- torsion of the testicle 2- torsion of the testicle (Morgagni Hidastide) 3- orthypididioquity 4- Idiopathic Scrotal Edema 5- Acute Idrogess or imprisoned hernia 6- Trauma 1. Torsesson Testicular Testicular is a surgical emergency and can occur in any age emergency, although it usually has a bimodal distribution. In newborns it occurs as a result of of the spermatic cord outside the envelope of the vaginal tonic (known as extravaginal twist). In the older group, this occurs due to a high insertion of vaginal tonic resulting in typical bell deformity that is usually bilateral. Diagnosis: The patient presents a short story of sudden occurrence of acute pain in the scrotum. This can be associated with abdominal pain and vomiting. Urine analysis is normal. The clinical examination reveals a very sensitive and enlarged testicle. It can be accompanied by edema and erythema. The testicle can increase or have an abnormal situation with the loss of the cremasterian reflex. Treatment: The management of the suspect of testicular torsion is the surgical examination. If the skull is vital, this and the contralateral is fixed at the same time surgical using non-absorbable sutures. An alternative is to fix the testicles in the dart bag without sutures. Although studies such as ultrasound with Doppler have been described for diagnosis, it is known that they only lead to prolong time and reduce the possibility of saving the testicle. The recovery rate of the testicles is inversely proportional to the time of ischemia and decreases significantly after 6 hours of complete ischemia. In cases of neonatal or perinatal torsion, the probability of saving the testicle is rare. However, cases of synchronous twist have been described. The management in these cases remains a topic of discussion, some favorable not to carry out any intervention to favor the counterlateral test and others that propose the fixing of the counterlateral test in the bag of darts. darts.

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