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Discovery of a Case of Left Transverse Testicular Ectopia during a General Surgery Campaigna Diagala

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Abstract **Case Report**

We report the observation of a 9-month-old male child who consulted us for a left inguino-scrotal swelling, and the right testicle was not palpable. The operative exploration found a large hernial sac, the opening of which revealed two testicles of normal size and appearance with partial epididymo-testicular independence. We performed in-dartos orchidopexy on both sides intraoperatively. The patient was seen again at the age of 24 months, with both testicles in place and of normal size and consistency. A follow-up abdominal ultrasound was performed which was unremarkable.

Keywords: Transverse testicular ectopy, Crossed ectopy, Orchidopexy.

INTRODUCTION

Testicular ectopia is defined as any migration of the testicle outside the scrotum. The transverse form is a very rare form of testicular ectopia, hence the lack of studies in the literature. We report a single case which was discovered intraoperatively.

OBSERVATION

We report the case of a 9-month-old male patient with a left inguino-scrotal swelling with a testicle. The right testicle had not been palpable on physical examination since birth, and the interview did not reveal any history of premature delivery or low birth weight, or any particular family history. An abdomino-pelvic ultrasound revealed two testicles in the inguinal region on the same left lateral side. The rest of the investigations were unremarkable.

Surgical exploration revealed a large hernia sac, which opened to reveal two normal-sized testicles with partial epididymo-testicular independence. The two vas deferens were fused at their distal ends. Exploration of the contralateral side did not reveal any testicles. We performed an in-dartos orchidopexy on both sides intraoperatively.

The child was examined at the age of 24 months. ETT, also known as crossed ectopia, unilateral double testis, or testicular pseudo-duplication, is a rare form of testicular ectopia, with both testicles in place and of normal size and consistency. An abdominal ultrasound was performed, and no associated abnormalities were found.

Comments

Transverse testicular ectopia is defined by the abnormal location of both testicles in the same hemi-scrotum, and is a rare anomaly of gonadal migration. The literature reports just over a hundred cases since the first published autopsy in 1886 [1]. There are several terms for this anomaly: transverse testicular ectopy, crossed testicular ectopy, testicular pseudoduplication, unilateral double testis, aberrant transverse descent of the testis. Several hypotheses have been put forward, such as abnormal fusion of the Wolffian ducts, abnormal

development of the gubernaculum testis or abnormal fusion between the epididymis and the Müllerian ducts [2].

The diagnosis of TTE should be suspected in a child presenting with an inguinal hernia on one side and an absence of palpable testis on the contralateral side. The diagnosis can be made preoperatively using ultrasound or even MRI [3, 4]. In most cases, it is discovered intraoperatively during herniorrhaphy or diagnostic laparoscopy for a non-palpable testicle [5-7].

In our clinical case, this corresponds to type 1, and we should be aware of the possibility of finding ourselves faced with a transverse testicular ectopy during the surgical cure of an inguinal hernia associated with a contralateral non-palpable cryptorchidism. The elements of each cord were perfectly separate, which enabled us to easily achieve a satisfactory and tension-free lowering of each gland in each of the two hemi-scrotums. Surgery allows bilateral orchidopexy using the in dartos technique, and long-term monitoring seems necessary to prevent any degenerative process from developing from the lowered and fixed gonads [8]. Nowadays, with the development of laparoscopy. The transperitoneal laparoscopic approach is an interesting alternative which is increasingly used for both diagnostic and therapeutic purposes. It has the advantage of being able to lower testicles with short cords [10, 11].

Long-term post-operative monitoring is recommended because of the risks of testicular agenesis, infertility and malignant degeneration [12, 13].

REFERENCES

1. Laplace, C., Khochman, I., Louis-Fils, M. M., & Ebrad, P. (2017). Transverse testicular ectopia in children: about a case, *Christophe Progrès en Urologie*, 17, 1385-138.
2. Jouini, R., Lefi, M., Sami, C., Manef, G., Mohsen, B., & Nouri, A. (2022). Transverse ectopic testis. *Prog Urol*, 12, 666-667.
3. Oludiran, O. O., & Sakpa, C. L. (2005). Crossed ectopic testis: a case report and review of the literature. *Pediatric surgery international*, *21*, 672-673.
4. Balaji, K. C., & Diamond, D. A. (1995). Laparoscopic diagnosis and management of transverse testicular ectopia. *Urology*, *46*(6), 879-880.
5. Chen, K. C., Chu, C. C., & Chou, T. Y. (2000). Transverse testicular ectopia: preoperative diagnosis by ultrasonography. *Pediatr Surg Int*, 16, 77-79.
6. Fairfax, C. A., & Skoog, S. J. (1995). The laparoscopic diagnosis of transverse testicular ectopia. *J Urol*, 153, 477-478.
7. Lam, W. W., Le, S. D., Chan, L., Chan, F. L., & Tam, P. K. (2002). Transverse testicular ectopia detected by MR imaging and MR venography. *Pediatr Radiol*, 32, 126-129.
8. Ueno, S., Yokoyama, S., & Hirakawa, H. (2001). A case of transverse testicular ectopia with Müllerian duct remnant. *Journal of pediatric surgery*, *36*(11), 1710-1712.
9. Dean, G. E., & Shah, S. K. (2002). Laparoscopically assisted correction of transverse testicular ectopia. *The Journal of urology*, *167*(4), 1817-1817.
10. Balaji, K. C., & Diamond, D. A. (1995). Laparoscopic diagnosis and management of transverse testicular ectopia. *Urology*, *46*(6), 879-880.
11. Evans, K., & Desai, A. (2008). Total laparoscopic correction of transverse testicular ectopia. *Journal of Pediatric Urology*, *4*(3), 245-246.
12. Hughes, D. T., & Croitoru, D. P. (2007). Case report: crossed testicular ectopia. *Journal of pediatric surgery*, *42*(9), 1620-1622.
13. Laplace, C., Khochman, I., Louis-Fils, M. M., & Ebrad, P. (2007). Transverse testicular ectopia in children: a case report. *Progres en Urologie: Journal de L'association Francaise D'urologie et de la Societe Francaise D'urologie*, *17*(7), 1385-1387.