Perineal Ectopic Testis in an Adult: A Case Report
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Abstract
The Perineal ectopic testis (PET) is a kind of Ectopic Testis (ET), in which the testis is located between the penoscrotal raphe and genitofemoral fold. PET is a rare condition with prevalence of 1% of all cases of undescended testis. It is easily identifiable and can be easily treated by orchidopexy before the age of 2 years and by orchidectomy afterwards. PET may be associated with inguinal hernia. In this study we diagnosed a case of rt. sided PET in a 29 years old male patient, associated with Hernia. This case was treated by Orchidectomy and Herniotomy along with Hernioplasty.

Keywords: Perineal ectopic testis, Undescended testis, Inguinal Hernia, Orchidectomy, Herniotomy.

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INTRODUCTION
Cryptorchidism is most common anomaly of the genitalia, seen in 3% of male infants at birth [1]. Most of these testes are cryptorchid with descent being arrested along its normal pathway resulting in abdominal, Inguinal or high scrotal testis and are called undescended testis. Less frequently a testis may stray from the path of descend to settle in an ectopic location, outside the scrotum and is called ET. The testis usually progresses the guidance of Gubernaculum. ET occurs in only about 5% of cases of empty scrotum. Five major sites of ectopic testis are currently described.

1. Superficial Inguinal Pouch
2. Femoral Canal
3. Suprapubic region
4. Contralateral Scrotum
5. Perineal region.

The PET is a rare condition. The First Case of PET was reported by John Hunter in 1786 [2]. PET is the most common type of ET, occurs in about 1% of the patient [3].

CASE PRESENTATION
A 29 years old male patient reported to our Out Patient Department with a complaint of right sided inguinoscrotal swelling. His examination revealed right sided incomplete uncomplicated Indirect Inguinal Hernia with empty right sided hemiscrotum. The contralateral left sided testis was in normal location in left hemiscrotum. An oval shaped soft mass was detected in perineum measuring about 3x2x1cm (Fig 1 & 2). A clinical diagnosis of right sided PET with right sided Incomplete Uncomplicated Indirect Inguinal Hernia was made.

We recommended right sided orchidectomy for PET, because of the patient’s age and atrophied testis. Surgical exploration was done through the right sided inguinal incision. Right sided Herniotomy with Hernioplasty with right sided orchidectomy was done. Gubernaculum was fixed with perineum. The patient recovered well and did well in follow up as well.

Fig-1
The histological changes can be seen was of unilateral PET. Like undescended testis, as descended organ. Orchidopexy is lateral and orthic if another - can be performed before 6 months of age even if it is not associated with inguinal hernia [10].

An empty scrotum with a soft perineal mass on ipsilateral side is very suggestive of perineal testis, as was the case of our patient. Due to our patient’s young age, the empty scrotum and swelling immediately below were easily visible. When an ET is diagnosed it is necessary to do the orchidopexy before 2 year of age since afterwards definite histological changes can be demonstrated in the undescended testis, but in the case of atrophy of testis and over 2 years of age, orchidectomy is the best option [4, 10]. It has also been advocated that in cases of PET, surgery should be performed before 6 months of age even if it is not associated with inguinal hernia [10].

In adult patients with PET, Orchidectomy is considered through inguinal incision since accompanying hernia may occur [18]. In our case, PET was coincidental finding. This PET was atrophied and associated with incomplete indirect inguinal hernia in an adult, therefore we decided to do orchidectomy with herniotomy with hernioplasty through inguinal incision, since testicular cancer is more common in an ectopic testis than in normally descended organ. Orchidectomy has been performed in some selective cases of PET diagnosed in adults [19, 20] and in patients who requested for it [21, 22], however self examination and long term follow up is mandatory in such cases.

**CONCLUSION**

PET is a rare disease and diagnosis can easily be made by physical examination of ectopic regions and empty scrotum. A careful search of ectopic sites of testis should be done as a fundamental part of clinical examination of patients with an empty scrotum and diagnosis should be made as early as possible as the type and timing of treatment is difficult in ectopic and undescended testis. Orchidectomy is the treatment of choice of PET in an adult patient. Our patient recovered well and did well in follow up as well. Orchidectomy can be done in some selective patients which requires education of patient about self-examination and long term follow up.
REFERENCES