Surgical and Evaluationary Aspect of Cryptorchidy at the Service of “Chu of Luxembourg” in Mali

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Abstract

During this study we have collaged 30 patients the goal of this job was to present therapeutic and evolutionary aspect and the taking in surgical charge of this affection. For that a prospective study has been done for a period of 12 months at the service of surgery “CHU” of Luxembourg Bamako-Mali. 22 Patients have been operated father the age of 2 years and the middle age was 5 years. The cryptorchidy was unnatural for 26 patients and bilateral for 4 patients conventional orchidopexy has been achieved for 29 of our patients and a orchidectomy for evanxent textiles. The length of the cord was normal of all of our patients and all testes have the level of inguinal superficial orifice.

Keywords: Cryptorchidy, orchidopexy, surgery, Bamako, Mali.

INTRODUCTION

Cryptorchidy as a spontaneously testis and permantly situated out of scrotum somewhere with its normal way of migration.

Cryptorchidy testis can be found in intra-abdominal position in the inguinal canal at its extern orifice or the roots of bursa [1] this pathology is found at 20 to 30 prematurated, 3 to 5% of new bown and 0.8 to 1.6% years children [2].

Its takein charge must be precocious so a to avoid retoutable consequences which are sterility and degenerexence shrewd.

Interst of this job was to report our experience about surgical and evolutionary aspects of this pathology a first of such in this hospital.

METHODOLOGY

The study happened at the service of surgery of“CHU” Luxembourg in Bamako in Mali. It is a prospective study covering the period from 18° June 2015 to 31° May 2016. All the patients less than 16 years a cryptorchidy has been operated in the service of surgery during the study period have been included.

Thirty patients have been taken in charge during this period of study for Cryptorchidy parameters studied have been: operatory deadline, surgical tacking, anotomo-surgical aspects, the levol of testis lowering, lovel or mode of fixation.

RESULTS

Riddle ago of our patients is 4.5 years with extreme of 2 months and 12 years. Twenty six patients have presented a cryptorchidy unilateral and four of a bilateral cryptorchidy.

- The Paretic Aspects

<table>
<thead>
<tr>
<th>Boards’: Operators dead line</th>
<th>Age</th>
<th>Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;2years</td>
<td>8</td>
<td>26.7</td>
<td></td>
</tr>
<tr>
<td>2-6 years</td>
<td>20</td>
<td>66.7</td>
<td></td>
</tr>
<tr>
<td>7-12 years</td>
<td>2</td>
<td>6.6</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>30</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

English patients have been operated before the age of 2 yearsand 22 patient’s afterthe of 2 years as the board 1 shows.

Surgical Technical: Conventional orchidopexy has been achieved for 29 of our patients and archidectomy for one patient.
Anatomo-surgical Aspects

The length of the cord was normal for 29 of our inguinal superficial orifice. A patient presented an evanexent textile which orchidectomy has been achieved and all the others were normal.

<table>
<thead>
<tr>
<th>Gubernaculums</th>
<th>Cryptorchidy</th>
<th>Gryptorchidy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Textis</td>
<td>Unilateral</td>
<td>Bilateral</td>
<td></td>
</tr>
<tr>
<td>Scrotal</td>
<td>24</td>
<td>2</td>
<td>26</td>
</tr>
<tr>
<td>Pubic</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No identified</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>2</td>
<td>30</td>
</tr>
</tbody>
</table>

We have found a poritone-vaginal process for all of our patients Loweringlovel. All the testis can have lowered without any scrotum difficulty. The lowered testis has been fixed in dartas for 20 of our patients and by the orifice reduction of scrotum for 10 patients.

- Evolution

The following immediate operatories were easy for 28 of our patients, 2 patients have presented a scrotal hometown.

A middle term, the 2 patients who have presented a scrotal hometown have recidived, a bilateral and uniteral cryptorchidy.

DISCUSSIONS

In our study 75.5% of children presenting a cryptorchidy have been operated after 2 years. COULIBALY in Mali osuigwe, Ameli and Mbihu in Nigeria [12, 1] and Tshilala in Democratic Republic of Congo [8] have found that more than half of their patients have consulted after 2 years respectively 54.8%, 89%.

The literature data require presently the taken in charge of cryptorchidy between two years [1, 3, 16, 9] because certain testis ensure their migration of the first years of life and after 2 years some will present denerenexence cases [8, 17, 7].

The middle age of our patients is 4.5 years conform to the one of COULIBALY. Which is 4, 6 years translating 6 then early diagnostic. Some have reported middle ages different as the one of Stefanie in France who is 3 years and 9 months [16], pity [16] of 3 years in the department «outré-men". Conventional orchidopexy has been achieved format of our patients except one who underwent an orchidectomy for evanexent testicles. This feeling can be explain by the fact most of patients had a palpable testicle at the level of inguinal superficial orifice and the cases of intraabdominal testicles have been taken in change by losoroscopy in other hospitals of the capapitalerty. This some note has been done coulibaly's study 36 patients [15] of Malina [10] 92 patients,
Flogbe 97.5% of cases (6+) Tshitala 86.5% cases [18]. The length of cord being normal for all our patients’ reason why we don’t have any recourse of the technic of Stephen Fowler at the surgery of two times. This rate is comparable to the one found by Melina [10] in his study 77.4% of cases and Dimilios [5] in 82% cases. Others found short cords 2.5% among (138) testicles operated like Logbe in Ivory Coast. In our study 29 among 30 of our patients have normal testicles, this can be explain ed by earlier diagnostic, this result resemble to thoses of Dimitrios [5] that refine 100%, Floge [6] 92.5% ? Melina [10] 16%, Mengel [11] a tmeli and Mbibu [1] 23% of atrophic testicles this is due to the fact that most of their patients on late consulting. In our study there is on epididymostesticulary dissociation in 10.79% the same rate which is nearly the same of Melina [10] and Lobe who refuse respectively 13% and 8.3%. The majority of cryptorchide testicles have gubernaculums strotal tests 86.7% cases the gubernaculum is not identificable in 13% cases. Pellerin and al [13] have described other types of gubernaculums tests insertion. In our study a peritoneo –vaginal canal has been refund for all our patients. This is explained probably by the deadline of early taking charge. Flige [6], Gueye in this [3], Melina [10] coulibaly [15] have respectively found in their studies 80%, 66.67%, 88.75% and 54.8%, 89% and 8%.

- Evolution

The following operations of orchiocopexy are simple in general. The following immediate operators were easy. Two patients have presented a scrotal hematome. The following middle operators terms have been eumelled by two recidiveseithenn 6.7% cases. Melina [10] described five recidives (8.3%) and tshitala [18] 6 recidives (5.3% after an orchidooexpexy in dartos.

**CONCLUSION**

Gryptorchidy is manifested as a spontaneously testicle and in permanent migration It’s a frequent bad formation that cause both diagnostic and therapeutic problem.

**REFERENCES**