

Surgical and Evaluatory Aspect of Cryptorchidism at the Service of “Chu of Luxembourg” in Mali

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Abstract

Original Research Article

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 cryptorchidism 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: Cryptorchidism, orchidopexy, surgery, Bamako, Mali.

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INTRODUCTION

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

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

Its taken charge must be precocious so as to avoid retortable consequences which are sterility and degenerescence shrewd.

Interset 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 18th June 2015 to 31st May 2016. All the patients less than 16 years a cryptorchidism 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 Cryptorchidism parameters studied have been: operative deadline, surgical tacking, anatomical-surgical aspects, the level of testis lowering, level 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 cryptorchidism unilateral and four of a bilateral cryptorchidism.

• The Paretic Aspects

Boards’: Operatives dead line

| Age | Patients | Percentage |
|--------------|-----------|------------|
| <2years | 8 | 26.7 |
| 2-6 years | 20 | 66.7 |
| 7-12 years | 2 | 6.6 |
| TOTAL | 30 | 100 |

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

Surgical Technical: Conventional orchidopexy has been achieved for 29 of our patients and orchidectomy for one patient.

Anatomo-surgical Aspects

The length of cord way normal for 29 of our inguinal superficlaorifice. Apatient presented an evanexent textile which orchidectomg has beenwchieved and all the others were normal.

Epididymo-testicular Association is normal for 28 of our patients and the other haven't been identified as shows the board 2.

| Gubernaculums | Gryptorchidy | Gyptorchidy | Total |
|---------------|--------------|-------------|-------|
| Textis | Unilateral | Bilatoral | |
| Scrotal | 24 | 2 | 26 |
| Pubic | 0 | 0 | 0 |
| No identified | 4 | 0 | 4 |
| Total | 28 | 2 | 30 |

We have found a poritones- vaginal proceesus for all of our patients Loweringlovel. All the testis can have lowered withaot any scrotum difficulty. The lowered testis has been fixed in dartas for 20 our patients and by the orifice roduction of scrotum for 10 patients.

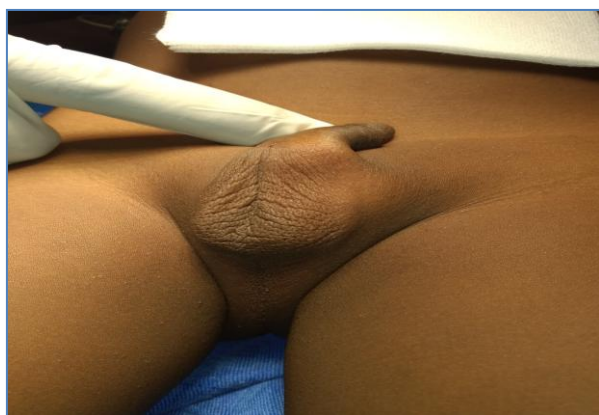
• Evolution

The following immediate operatories were easg 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.



Operative view after lowering and orchidopexy



Pre-operative view of an emptied bursa



Intraoperative view of cryptorchidism

DISCUSSIONS

In our study 75.5% of children presenting a cryptorchidy have been operated after 2 years. COULIBALY in Mali osuigwe, Ameli and Mbibu 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 crryptorchidy between two years [1, 3, 16, 9] because cortainupos testis ensure their migration of the first years of life and after 2 years some will present do generenexence 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 havereported 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 onchidopexy has been achieved format of our patients except one who underwent an onchidectomy for evanescent 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 tases (6+) Tshitla 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. Otheors 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 edby earlier diagnostic, this result resemble to thoses of Dimitros [5] that refind 100%, Flobe [6] 92.5% ? Melina [10] 16%, Mengel [11] a tmeli and Mbibu [1] 23% of atrophic testicles this is due t'o the fact that most of their patients on late consulting. In our study there is on epididymotesticular dissociation in 10.79% the same rate which is nearly the same of Melina [10] and Lobe who refund respectively 13% and 8.3%. The majority of gryptochide testicles have gubernaculumis strotal tests 86.7% cases the gubernaculumis not identificable in 13% cases. Pellerin and al [13] have described other types of gubernaculumis tests insertion. In our study a peritonco-vaginal canal has been refund for all our patients. This is explained probably by the deadline of early taking charge. Fligbe [6], Gueye in this [3], Melina [10] coulibly [15] have respectively found in their studies 80%, 66.67%, 88.75% and 54.8%, 89% and 84%.

• Evolution

The following operations of orchiopepy are simple in general. The following immediate operatories were easy. Two patients have presented a scrotal hematoma. The following middle operatories terms have been earmelled by two recidiveseithennn 6.7% cases. Melina [10] described five recidives (8.3%) and tshitla [18] 6 recidives (5.3% after an orchidoopexy in dartos.

CONCLUSION

Goryptorchidy is manifested as a spontaneously testicle and in permanent migration It's a frequent bad formation that cause both diagnostic and therapeutc problem.

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