

UNDESCENDED TESTICLE (UDT) REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SURGERY • 887 CONGRESS ST, SUITE 400, PORTLAND, ME • (207) 662-5555

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Bilateral UDTs that have never been palpable/identified should be an immediate referral to pediatric endocrinology for proper gender assignment

OR

Unilateral or bilateral UDT > 1 yo (not emergent, but should be immediate consult)

SUGGESTED PREVISIT WORKUP

Pediatric endocrinology will typically make arrangements for gonadotropins, possible imaging, etc. and engage pediatric surgery and/or pediatric urology as needed

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Age 6 mo – 1 yo; asymptomatic, can be unilateral or bilateral undescended but at least one testicle must be palpable

On exam, either unable to bring down into scrotum, or able to bring down but immediately recoils back up when tension released (i.e. not RT, see pearls below)

SUGGESTED WORKUP

Physical exam, no other workup required prior to referral

Referral to allow scheduling for orchiopexy around 1st birthday:

Pediatric Surgery (207)662-5555

OR

Pediatric Urology (207) 773-1728

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

< 6 months old, asymptomatic, can be unilateral or bilateral undescended but at least one testicle must be palpable

On exam, either unable to bring down into scrotum, or able to bring down but immediately recoils back up when tension released (i.e. not RT, see pearls below)

SUGGESTED MANAGEMENT

Counsel parents to examine scrotum while child is in the bathtub for possible retractile testicle, which does not need surgery

Re-evaluate at well child visit 6 months

CLINICAL PEARLS

- Undescended testicle (UDT) occurs in 3% of term boys (up to 40% of premature infants); the majority of these complete descent by 1yo, leaving approximately 1% of boys >1yo with UDT.
- Boys with UDT have up to 8 fold increased risk of testicular cancer (and 20% of those cancers actually occur in the contralateral, normally descended testicle).
- Although ultrasound used to be routine prep for nonpalpable testicle, imaging (U/S, CT, MRI) is 50/50 at locating the testis if not palpable in inguinal canal, and does not change management (i.e. if located in abdomen, next step is laparoscopy; if not located, next step is also laparoscopy).
- Retractile testicles (RT) usually result of exaggerated cremasteric reflex as part of “Fight or Flight” response (i.e. any time a physician is checking the scrotum). These can be brought down into the scrotum, and will temporarily remain there after releasing tension. Have parents subtly check when child is warm and relaxed, like bath time. Retractile testicles are actually down more than we realize, and do not require orchiopexy.
- While anesthesia in infants is generally accepted as safe, there is ongoing research (like SmartTots) regarding the impact of general anesthetics on the developing brain, and may impact the current recommended timing of orchiopexy. For more information visit <http://smarttots.org/about/consensus-statement>

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