

Clinical Vignette

Transverse testicular ectopia

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CASE PRESENTATION

A 2.5-year-old male child presented with right-sided undescended testis. On examination, the two testes were palpable in the left hemiscrotum while no testis was palpable on the right inguinoscrotal region (Fig. 1A). Ultrasound abdomen revealed no evidence of Mullerian remnants. The laparoscopic approach was used for exploration keeping in mind the association of Mullerian remnants. Mullerian structures were present. Vas deferens and gonadal vessels of both testis were going into the left internal ring. Mullerian remnants were removed laparoscopically (Fig. 1B, 1C).

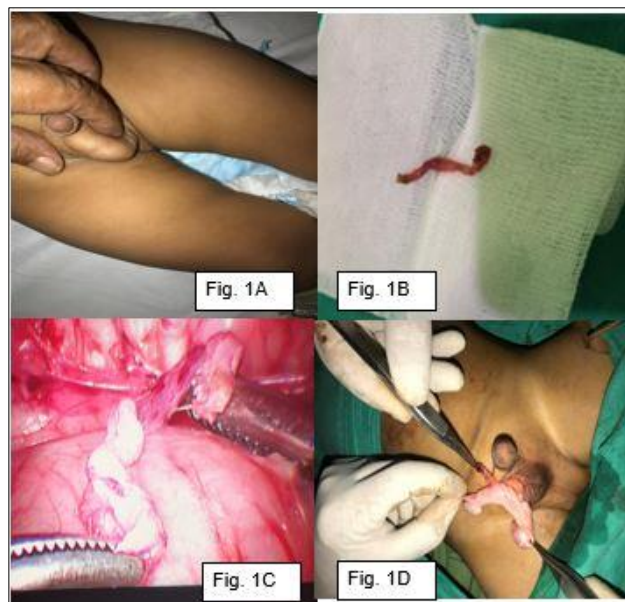


Figure 1: A) Both testis in the same scrotum, B) Mullerian remnants after complete dissection, C) Mullerian remnants after removal, D) both testis in same scrotum showing separate vas and vessels with forceps showing Mullerian remnants site.

A midline incision was made on the raphe scrotum. Both testes were found in the left hemiscrotum and were of good size having separate vas and vessels (Fig. 1D). One testis was brought through the midline septum into the

subdartos pouch of the right hemiscrotum and fixed there while the other testis was fixed in the subdartos pouch of the left hemiscrotum. The postoperative course was uneventful and the patient was discharged on the first postoperative day. On follow-up, the patient is doing fine with viable testes on both sides.

DISCUSSION

There are different areas of the ectopic testis, like the superficial inguinal pouch, the root of the penis, perineum, and femoral areas. But the migration of testis to the opposite scrotum is a very uncommon ectopic site and only 100 cases have been reported in the literature until 2016. [1, 2] In 1907, the first case of transverse testicular ectopia was published in English literature by Halstead.[3] Transverse testicular ectopia has been classified into three types like the first one associated with inguinal hernia alone (40-50%) second with persistent Mullerian duct structures (30%) and the third associated with other anomalies like hypospadias, pseudohermaphroditism, and scrotal anomalies. Our case belongs to the 2nd variety. In most of the reported cases, it is diagnosed per-operatively during surgery but our case was diagnosed preoperatively. Management of transverse ectopia can be done by trans-septal or extra-peritoneal orchidopexy. [4, 5] In our case both testes were in the same hemiscrotum so we brought one ectopic testis through the midline septum to the opposite scrotum. Mullerian duct structures were removed through laparoscopy.

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