Case Report	
	
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Title	**CROSSED TESTICULAR ECTOPIA: ATYPICAL TESTICULAR MIGRATION A REPORT OF TWO CASES**
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Keywords	Abstract
CTE (Crossed testicular ectopia), TTE(transverse testicular	**BACKGROUND:** Crossed testicular ectopia (CTE) or transverse testicular ectopia (TTE) is a rare urogenital anomaly where both testes are located on one side due to a deviation in testicular descent. It is typically associated with an inguinal hernia. The diagnosis is often made during surgical exploration.

ectopia), Hernia. **Abbreviatios** CTE - Crossed testicular ectopia TTE- Transverse testicular ectopia	**CASE PRESENTATION**: Two boys with left CTE presented with right inguinal hernias and left impalpable testes. Ultrasound scan revealed both testes on the right side. During surgery, the left testis was found in the right inguinal region and was moved to the left scrotum using a trans-septal window. Both patients had uneventful recoveries. **CONCLUSION:** Clinical examination, and USG are useful for diagnosis. Surgical management involves inguinal exploration, orchiopexy (trans-septal and extra-peritoneal), taking care not to injure testicular blood supply. Trans-septal orchidopexy and follow-up is considered the ideal management.

Introduction

Testicular descent from abdomen to scrotum is a long process. Abdominal pressure, processus vaginalis, affect the process of descent. Generally, each testis descends to apprropriate hemiscrotum, but unknown factors can disrupt the process and lead to anomalies like, undescended testis, crossed testicular ectopia, ectopic testis and such.

We observed two infants with crossed testicular ectopia. Rarity of the condition is the reason to publish this report.

CASE REPORT

- 28 Days old boy with 2.5 kg weight presented with undescended left testis and right inguinal hernia.
- On examination, left inguinal region did not show testis. In the right side, inguinal hernia was present, with testis in scrotum, and another testis like structure in groin. External genitalia were of male, and circumcision had not been performed.
- Ultrasound scan showed the right testis in the right scrotum and another testis like structure in the right inguinal region giving diagnosis of both testes in the right side. (Fig.1)
- Patient underwent right inguinal exploration, Hernia sac was thin & flimsy. Left testis was found in right inguinal region inside the hernia sac. Left testis was mobilized, cord structures were separated from sac, sac was transfixed and ligated. Testicular vessels were mobilized in retroperitoneum as much as possible. Now testis had adequate length, and it was brought to the left scrotum through right scrotum across the

septum (Fig.2) A biopsy was taken from the testis. The patient had uneventful postoperative recovery.

- Second patient was a 2-year-old boy with 10kg weight presented with undescended left testis and right inguinal hernia.
- On clinical examination, In the right side, inguinal hernia was present, with testis in scrotum, and another testis like structure.
- Underwent same procedure with no postoperative complications. (Fig 3)

DISCUSSION

Crossed testicular ectopia (CTE), is an extremely rare urogenital anomaly, affecting 1in 4 million children. The first documented case was described by Lenhossek in 1886[1] who suggested abnormal gubernaculum testis as the aetiology. Till date, fewer than 260 cases are reported in scientific literature.[2] The development of malignancy is also relatively higher in patients with crossed testicular ectopia.[ii]

This condition is classified into 3 types based on the associated anomalies:

type 1: Inguinal hernia, which is the commonest type and account for 50% of cases,

type 2: which comprises around 30% of the cases and is associated with inguinal hernia and Mullerian duct structures whether rudimentary od Persistent

type 3: comprises 20% of the cases and is associated with inguinal hernia and hypospadias, scrotal abnormalities, and pseudohermaphrodites [3].

If suspected, they can be investigated by USG to detect associated congenital anomalies. During surgery, the surgeon should adopt a cautious approach to preserve the testicular blood supply. It is recommended to do inguinal exploration, orchiopexy by both trans-septal window or extra-peritoneal transposition orchiopexy followed by Herniotomy. [4]

In the extraperitoneal technique, the testis is brought to the contralateral hemiscrotum after its passing near the root of the penis and fixed into

hemiscrotum. However, vas deferens and testicular vessels must be long enough to use this technique.

In the trans-septal technique, the ectopic testis is moved from the window created in the scrotal septum to the opposite side or the testis should traverse the scrotal mediastinum to be fixed in it.[5] ,[6],[7]

Trans-septal orchidopexy gives good tension free fixation of testes in the scrotum. Fusion of the vas deference is rare and, in such cases, trans-septal orchiopexy is recommended. Care must be taken to preserve the blood supply to the vas deferens and testis.[8]

Laparoscopy is helpful tool for the diagnosis and the treatment when the testes are not descended to the inguinal canal, it is also helpful to search for other associated omalies[4],[9]

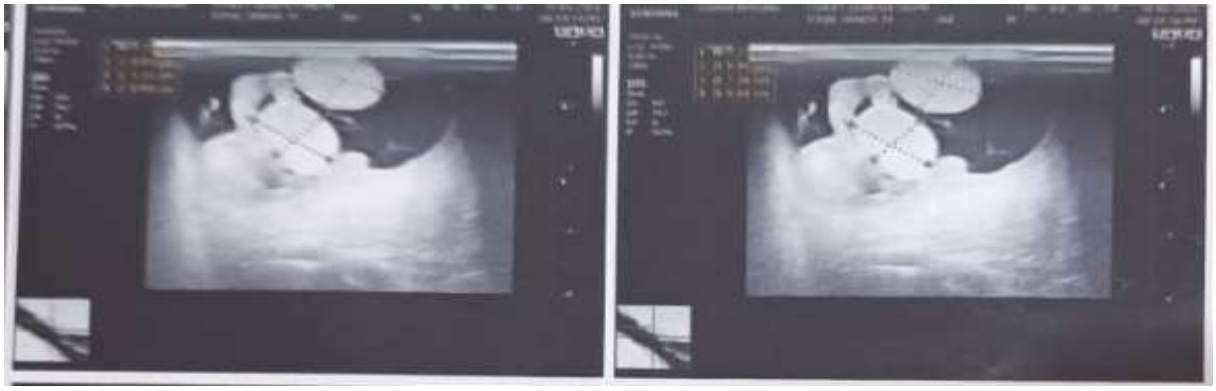

Figure 1: Ultra-sonography (abdomen+ pelvis)

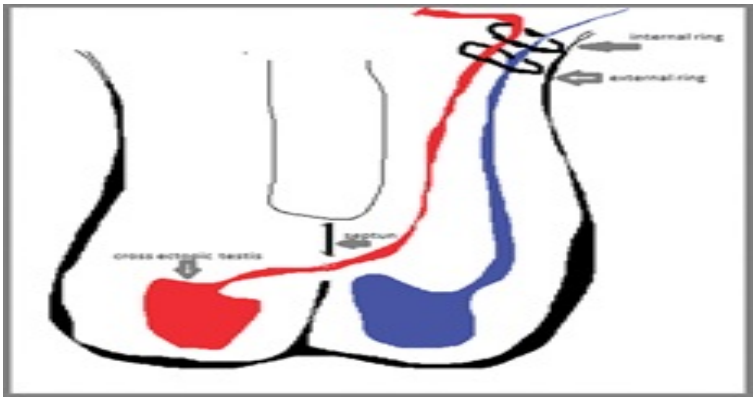

Figure 2: schematic representation of transeptal orchidopexy

Figure 3: transeptal orchidopexy with herniotomy

CONCLUSION-

- In case of crossed testicular ectopia, herniotomy with transeptal orchidopexy is preferred management.
- Because of the higher incidence of malignancy in these patients, biopsy is recommended to look for carcinoma in situ .
- Careful preservation of testicular blood supply is essential.

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