Case Report



Perineal Ectopic Testis: An Unusual Cause of Perineal Pain

and Empty Scrotum

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ABSTRACT

Perineal ectopic testis is a rare congenital anomaly in which the testis is abnormally situated between the penoscrotal raphe and the genitofemoral fold. Etiopathogenesis of perineal ectopic testis is controversial. Perineal ectopic testis is frequently associated an inguinal hernia and can sometimes be associated with other disorder such as hypospadias and scrotal anomalies. Perineal ectopic testis is relatively rare but is easily recognized and treated by orchiopexy. Diagnosis is easily based on physical examination that reveals an empty scrotum and a soft tissue mass in perineal region. Histopathologically, the course of perineal ectopic testis is better than undescended testis. We report a 21 years old male with perineal pain and empty right scrotal sac. He was diagnosed to have perineal ectopic testis and was treated with orchiopexy.

Key Words: Ectopic, Perineal, Testis

ÖZET

Perineal Ağrı Ve Boş Skrotumun Nadir Bir Nedeni: Perineal Ektopik Testis

Perineal ektopik testis, testisin penoskrotal rafe ile genitofemoral katlantı arasında anormal yerleşmesi olarak tanımlanan nadir bir doğumsal anomalidir. Etiyopatogenezi tartışmalı olup, sıklıkla inguinal herni, hipospadyas ve diğer skrotal anomalilerle beraberdir. Göreceli olarak nadirdir ancak kolay tanı konulur ve orşiopeksi ile kolaylıkla tedavi edilebilir. Fizik muayenede boş skrotum ve ele gelen perineal kitle ile kolayca tanınabilir. Histopatolojik olarak inmemiş testisten daha iyidir. Bu sunumda sağ testisin yerinde olmaması ve perineal ağrı şikayeti ile başvuran 21 yaşındaki olguda orşiopeksi ile tedavi edilen bir perineal ektopik testis vakası sunulmuştur.

Anahtar Sözcükler: Ektopik, Perineal, Testis.

T esticular maldescence is the most common anomaly of the genitalia with incidence of 1.5%. It is reported that 5 % of maldescended testes are ectopic (1). Etiopathogenesis of perineal ectopic testis (PET) is controversial. The role of the gubernaculum is not well elucidated. For some authors this ectopy results from a gubernaculum failure and it's due to an anomaly of fixation of the distal extremity of the gubernaculum testis resulting in an abnormal position of the testis (2,3).

The five major sites of ectopic testes are the superficial inguinal pouch, femoral, suprapubic, transverse (contralateral hemiscrotum), and perineal (3). PET is a rare congenital anomaly in which the testis is abnormally situated between the penoscrotal raphe and the genitofemoral fold (4). For some authors this ectopic testis may be due to a mechanic obstruction of scrotal inlet or in the entrance of the testis in the scrotum (which become fibrous) that leads the gonad to an abnormal position (5).

CASE REPORT

A 21-year-old man was admitted to the urology clinic because of perineal pain while he is walking and sitting and right empty scrotum. General and systemic examination revealed nothing abnormal. Perineal examination showed a right empty and less developed scrotum. The left testis was present in the scrotum but right testis was not present in the scrotum and inguinal region. An oval shaped soft mass was found in the perineal region. The diagnosis of right ectopic testis was made (Figure 1). By ultrasonography, a right PET that is 3.8x2.0x2.2 cm in diameter and normally echogenicity was demonstrated. Transrectal and urinary system ultrasound showed no pathology. His medical and family histories were unremarkable. The semen parameters, sex hormones and biochemically parameters were normal. Surgical exploration through inguinal incision revealed gubernaculum testis attached with perineal tissues. The testis was mobilized and gently delivered into the inguinal wound. It was found to be

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small in size with adequate length of the vas deferens and spermatic vessels; the testis was fixed in the ipsilateral scrotum using the standard dartos pouch technique (Figure 2). Follow-up revealed right testis present inside the scrotum (Figure 3).



Figure 1. The right perineal testis that was observed by perineal examination.



Figure 2. The right testis that fixed in the ipsilateral scrotum using the standard dartos pouch technique.



Figure 3. The right testis that replaced inside the scrotum

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DISCUSSION

The cause of testicular ectopia is unknown but it is thought to be due to abnormal position of genitofemoral nerve which leads to an abnormal migration of gubernaculum and thus takes testis to abnormal position (6). Ectopic testis can be found at opposite side of the scrotum, suprapubic region, femoral canal, perineum, and anterior abdominal wall (7). Perineal testicular ectopia is seen very rarely and bilaterality is even more scarce (8). The perineal ectopic testes have been reported in the literature and 80% of these cases are unilateral (4). An empty scrotum with a soft perineal mass on ipsilateral side is very suggestive of perineal testis as was the case in this patient (9). As this case, perineal pain may be a symptom of PET, too. Some cases of ectopic testis diagnosed on ultrasound, antenataly at 38 weeks and confirmed in postnatal period by clinical examination, are also reported (2).

Ectopic location of the testes is associated with a number of complications like trauma, torsion and infertility (4). It is generally accepted that undescended testis should not be operated before 6 months of age, but surgery for ectopic testes should be carried out before the age of 6-months even if not associated with inguinal hernia (1).

Perineal ectopic testes are usually explored through standard inguinal skin-crease incision; some surgeons use a low scrotal approach due to the low incidence of concomitant hernia (9). Perineal ectopic testis is frequently associated an inguinal hernia and can sometimes be associated with other disorder such as hypospadias and scrotal anomalies (10). The hernia sac and other anomalies weren't noted in this patient. Gubernaculum is usually found fixed to the perineum as was noted in this case. The testes can be placed in ipsilateral hemiscrotum easily because the spermatic cord and vessels will be sufficiently long (1). The functional outcome of ectopic testis is difficult to define, but has been found to be similar to other forms of maldescended testis (9). Histopathologically, the course of perineal ectopic testis is better than undescended testis (5). Consequently, PET is certainly kept in mind in differential diagnosis of perineal pain and empty scrotum and also all of the cases should be researched in terms of PET.

Conflict of Interest

No conflict of interest was declared by the authors

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