

Letter to the Editor

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Trans-scrotal orchidopexy for palpable undescended testis

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We read with great interest and appreciated very much the article written by Talabi *et al.* [1]. In their study, the authors reported their preliminary experience on trans-scrotal orchidopexy for surgical management of palpable undescended testis compared with conventional inguinal orchidopexy, where the outcomes were assessed in terms of successful placement of the testis in the scrotum, postoperative complications and cosmetic appearance. The trans-scrotal orchidopexy was first described by Bianchi and Squire [2] about 20 years ago, and it can be considered a mini-invasive approach offering the advantage of less dissection, maintaining the integrity of the inguinal canal and subsequent greater comfort for children. Even if trans-scrotal approach is considered a reliable procedure in management of palpable undescended testis, respecting the essential requirements of a tension-free procedure, in Bianchi's group recurrence rate appears higher than other experiences reported using the inguinal approach [3]. Since 2012, in our institution, we used to routinely perform trans-scrotal orchidopexy for palpable undescended testis, but we limited this approach to patients in whom the testis could be brought down to the high scrotal incision under anesthesia, whereas patients in whom the testis remained higher underwent an inguinal

orchidopexy. With this limitation, in our experience, ~90% of palpable undescended testis cases are eligible for the trans-scrotal approach, and in a series of ~300 treated patients, we did not record any recurrence or atrophy using the trans-scrotal approach, whereas the overall recurrence rate in patients who underwent surgery for palpable undescended testis was ~1% [3]. Moreover, our impression is that trans-scrotal orchidopexy ensures a lower incidence of testicular atrophy, and we believe that this is owing to the fact that during trans-scrotal orchidopexy, the testicular cord remains always under the direct vision, whereas the inguinal approach includes a 'blind passage' of the testis along the scrotal neck, and a perioperative testicular spermatic cord torsion could accidentally occur, causing ischemia and subsequent testicular atrophy [3]. In conclusion, even though we are less enthusiastic about the use of trans-scrotal orchidopexy in all patients affected by palpable undescended testis, we encourage to use it in all cases wherever it is reliable. Finally, in our opinion, the data of Talabi *et al.* [1] are very interesting, and we should like to congratulate the authors for their intriguing paper.

Conflicts of interest

There are no conflicts of interest.

References

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- 2 Bianchi A, Squire BR. Transscrotal orchidopexy: orchidopexy revised. *Pediatr Surg Int* 1989; **4**:189–192.
- 3 Arena S, Impellizzeri P, Perrone P, Scalfari G, Centorrino A, Turiaco N, *et al.* Our experience in transscrotal orchidopexy in children affected by palpable undescended testis. *Eur J Pediatr Surg* 2016; **26**:13–16.