

Madigan Army Medical Center Referral Guidelines

Undescended Testicle

Diagnosis/Definition

- Failure of the normal testicle to descend into a dependent position in the scrotum. The testicle may be PALPABLE(80%) or NONPALPABLE(20%), retractile, or ectopic.
- Natural History: In a term male infant, the incidence of undescended testicle (UDT) is just under 4%. By age 1, the incidence drops to 1%; the likelihood of descent of the testicle after age 1 is less than 15% therefore, 75% of testicles undescended at birth will descend spontaneously without surgical or hormonal treatment. If premature, the newborn incidence of undescended testicle can rise to 25-35%.

Initial Diagnosis and Management

- Diagnosis: By suspicion and examination with warm hands in a warm nonthreatening environment. No sonogram, CT, or MRI is needed prior to referral.
- Management: Urology referral for evaluation and management recommendations NOTE: Almost all undescended testes are associated with communicating hydroceles/hernias.

Ongoing Management and Objectives

- Normal placement of testes
- Advantages:
 - Testicle can be properly examined (markedly increased malignancy potential in UDTs)
 - Reduced risk of trauma
 - Reduced risk of infertility
 - Cosmetic benefit

Indications for Specialty Care Referral

- All patients with suspected UDTs should be referred by 6 months of age for confirmation, further discussion, and planning
- All patients with bilateral nonpalpable testes require immediate referral

Criteria for Return to Primary Care

- Full surgical recovery
- Annual exam (self or primary care) and size comparisons advised

Last Review for this Guideline: **November 2009**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator