

# Ask the Pediatrician: How are undescended testicles in babies treated?

January 17 2022, by Dr. Hatim Thaker

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**Q:** I think my baby has undescended testicles. Is this a cause for concern, and what can be done about it?

**A:** Before birth, a baby boy's testes (testicles) develop inside the

abdomen. Closer to delivery, these organs travel through a canal in the groin. When all goes as it should, the testicles then fall into place in the scrotum, the bag of skin beneath the penis.

In some boys, especially those who are born premature, one or both testicles do not make it down to the scrotum before birth. This is known as cryptorchidism, more commonly called undescended testicles. For babies born with this condition, the testicles sometimes descend on their own, usually by 6 months of age. In other cases, treatment or surgery is needed.

Undescended testicles is the most common genital abnormality found at birth. About 1-3% of full-term boys have the condition at birth. But the rate is much higher in boys born preterm. About 30% of boys with a low birth weight (less than 5 pounds, 4 ounces) are born with undescended testicles. Those with a very [low birth weight](#) (less than 3 pounds, 4 ounces) have a nearly 100% chance of being born with undescended testicles.

It is not certain what causes undescended testicles. Premature birth plays a role, but the condition may also be genetic. There is a 7.5% chance that a brother of a boy with undescended testicles will have the same condition. The odds rise to 25% if the brother is an identical twin.

Typically, boys with undescended testicles have no symptoms of pain or discomfort. The scrotum may appear small and underdeveloped. If only one testicle is undescended, the scrotum may look asymmetrical. You may also notice that the testicles are sometimes in the scrotum and at other times absent (for example, when he is cold or excited). This is a condition known as retractile testicles.

Among boys with undescended testicles, there are several forms of the condition:

- Congenital: a testicle that never descended into the scrotum. This is diagnosed at birth.
- Acquired: when the testicle was within the scrotum at [birth](#), but later is an abnormally positioned testicle.
- Vanishing testicle: when a testicle is completely absent. Having a single testicle typically causes no hormonal or fertility problems.
- Retractable testicle: With this condition, a testicle is truly located in the scrotum but slips up into an abnormal position (such as the groin). This is typically caused by a muscle reflex. Cold temperatures, for example, can prompt this normal reflex and cause the testicle to temporarily disappear. A retractile testicle often does not require [surgical treatment](#).

Undescended testicles are diagnosed through physical examination. At well-child visits, the doctor will do a genital examination to check the location of the testicles.

Most often, an undescended testicle diagnosis can be confirmed with a careful physical exam by your child's doctor. Ultrasound typically is not necessary, even in situations where the testicle cannot be felt in the groin. In fact, an ultrasound may give inaccurate results on the location or presence/absence of a testicle. Only in very rare cases is an ultrasound helpful, such as before surgery for a previously repaired undescended testicle.

If your child's testicle has not come down into the scrotum on its own by 6 months of age, they will likely need treatment. It is relatively rare for undescended testicles to fall into proper position after 6 months of age. So, there is usually little value to waiting.

In the past, undescended testicles were treated with hormone injections;

however, this is no longer the standard of care. Instead, the current approach to treatment involves surgery to relocate the testicle into the scrotum. This surgical procedure is called an orchiopexy. It may need to be performed in a two-stage manner depending on the location of the testicle.

The goals of this surgery include:

- Relocating the testicle into a natural position in the scrotum.
- Reducing the risk of potential hormone and fertility problems.
- Reducing the risk of testicular cancer, which is slightly raised if testicles are undescended.

Complications of orchiopexy are very rare. It can be performed as an outpatient procedure.

Because the chances of the testicle coming down on its own is slim after 6 months, your child should be referred for treatment once they've reached that age. Waiting beyond 2-3 years may hinder the [testicle](#)'s ability to grow and function normally. Ideally, orchiopexy should be done within the first 18 months of life.

As with any [surgical procedure](#), the risks of anesthesia should be carefully considered for your child's specific situation. Talk to your pediatrician to learn more. They likely will refer you to a pediatric urologist.

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