RADIOLOGICAL QUIZ

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An eleven year old child presented with ambiguous genitalia. All routine investigations were within nor-

mal limits. CT scan of the pelvis was performed (Fig 1).

Answer to quiz on pg. 272

ANSWER TO THE QUIZ

Undescended testis is one of the most common genitourinary anomalies in male infants with prevalence rate of 3.7% at birth. This rate decreases to 1% by age of 1 year as in many infants the testis descend into the scrotal sac [1,2]. Undescended testis occur more frequently in low birth weight, small for dates or twin infants. The condition is bilateral in 10% of cases [2]. Eighty percent of undescended testis lie in the inguinal canal and 20% lie in the abdomen somewhere between the internal ring and the lower pole of the ipsilateral kidney [3].

CT is an accurate imaging modality in localizing undescended testis. Majority of the testis lie in the inguinal canal (Fig. 2) near the external ring [4]. They appear as round to oval soft tissue structures (30-40 HU) measuring upto 20 mm in diameter. CT findings assists in planning the surgery.

The two important risks of the undescended testis are infertility and malignancy. Infertility occurs because progressive pathologic abnormalities develop in both undescended though normal testis by the time the child is one year old.

Early surgery can overcome these risks. Ideally surgery (orchipexy) should be performed when the child is one year old, however some cases are referred when they are much older [5]. From the onset of puberty to the age of 32 years, orchiectomy should be performed because of the increased risk of testicular malignancy. For patients older than 32 years, the risk of surgery outweighs malignancy and therefore surgery is invariably not indicated [6].

Fig. 1 : CT scan of pelvis at the level of symphysis pubis

Fig. 2 : CT scan of the pelvis, section at the level of symphysis pubis shows bilateral undescended testis seen within the inguinal canal near the external ring.

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