

Undescended Testicles

Undescended testicles are a common problem in newborn boys. In this condition, one or both testicles did not drop down (descend) from the abdomen into the scrotum before your child was born. In most babies, the testicles normally descend by 3 months of age. If this does not happen by 6 months, an operation may be needed to bring them down.

What are undescended testicles?


During development of boy babies, the testicles normally drop from the abdomen into the scrotum (the sac containing the testicles) during the last few weeks of pregnancy. Sometimes, this doesn't happen before the baby is born. Usually just one testicle doesn't drop, but sometimes both are affected. Undescended testicle(s) is sometimes called *cryptorchidism*.

In most babies, the testicle eventually descends, usually during the first 3 months of life. If this doesn't happen by age 6 months, it is unlikely to happen on its own. A simple operation can be done to bring the testicle down. As an adult, your son will be at increased risk of cancers of the originally undescended testicle

What does it look like?

- The testicle cannot be seen or felt in the scrotum.
- Usually just one testicle is undescended. In about 10% of babies with this problem, both testicles are undescended.
- Sometimes the testicle can be felt in another location, such as the groin.
- At other times the testicle cannot be felt at all. In about half of these boys, the testicle is absent—it either didn't develop normally or it was injured some time during the pregnancy.
- In some boys, a testicle may be located in the scrotum. This is called “retractile testicles” and is sometimes confused with undescended testicles. Usually, retractile testicles require no treatment. However, medical follow-up is needed because the testicles may rise again and remain “undescended.”
- Less often, testicles are found in the scrotum at birth but later move back up out of the scrotum. This is called “acquired” undescended testicles. It is most common between ages 4 and 10. If the testicles do not come back down, treatment is required.

What causes undescended testicles?

- The cause of undescended testicles is unknown.
- If neither of the testicles can be felt, tests will be done to make certain of the sex of your newborn. 

What are some possible complications of undescended testicles?

- *Infertility*. With proper treatment, most boys with undescended testicles remain fertile (able to have children). The risk of infertility is higher for boys with two undescended testicles.
- *Testicular cancer*. As a teenager and young adult, your son will be at increased risk of cancer of the testicles. This risk is highest from ages 15 to 40.
 - Cancer risk remains higher even if your son has surgery to bring the testicle down.
 - As an adult, your son should receive regular checkups and perform self-examination to detect testicular cancers as early as possible.
 - Boys with retractile testicles are not at increased risk of infertility or testicular cancer.

What puts your child at risk of undescended testicles?

- Over 4% of boys have undescended testicles at birth.
- For premature babies, the risk increases to 30%.

Can undescended testicles be prevented?

- There is no known way to prevent undescended testicles.
- If testicles remain undescended after the first few months of life, surgery may help to prevent infertility later in life.

How are undescended testicles treated?

- If your child is born with undescended testicles, he will receive regular examinations to check their position. In most cases, the testicles drop to their normal position in the scrotum by the age of 3 months.

- If your son has retractile testicles, he probably will not need any treatment. However, follow-up examinations are necessary to make sure the testicles stay down.
- If your son's testicles have not dropped on their own by the time he is 6 months old, they probably never will. We will probably recommend a visit to a urologist or other specialist for evaluation and treatment.
- As time goes on, the undescended testicles are gradually damaged. This occurs because the testicles become too warm when they remain inside the body. They need the relatively cooler location of the scrotum to develop normally.
- *Surgery for undescended testicles.*
 - Surgery for undescended testicles is a relatively minor procedure called *orchiopexy*. Most likely, your son won't even have to stay in the hospital overnight. The operation is highly successful in bringing the undescended testicles down to their normal position in the scrotum and keeping them there.
 - In some boys with undescended testicles, the position of the testicles cannot be felt. In about half of these boys, the testicle is found inside the abdomen. If the testicle is otherwise normal, it can still be brought down to the scrotum and develop normally there.
 - In other boys whose testicles cannot be felt before surgery, the testicles may turn out to be missing or shrunken. This is sometimes called "vanishing" testicle.
- Vanishing testicle probably occurs because the testicle was injured during pregnancy. In this case, the testicle has been severely and permanently damaged, and only a remnant is left.
- If the testicle has been damaged badly, the surgeon will probably remove it. Your son may still be fertile as long as the other testicle has not been harmed.
- *After surgery.*
 - Your son should recover quickly and completely after the orchiopexy procedure.
 - If surgery for undescended testicle is required, your son will be at increased risk of testicular cancer. He will need regular medical examinations beginning in the teenage years. He should also learn to perform regular testicular self-examination to detect any cancers as early as possible.



When should I call your office?

Call our office if:

- Your son is born with undescended testicles. The doctor will monitor this condition at each regular checkup. Call our office if you have any questions or concerns.
- The testicles have not dropped to their normal position by age 6 months. We will probably recommend a visit to a urologist or other specialist for further evaluation and treatment.