

The Missing Ball Mystery

One notable omission of the study by Shah, *et al.*(1) is the failure to mention the length/volume of normally descended contralateral testis in their study cohort. This easy-to-obtain clinical information will aid in differentiating monorchism from cryptorchid testis-an issue of critical concern in preoperative counseling. In a study by Koff in 37 boys three-year old or younger with an impalpable testis, the length and volume of the contralateral normally descended testis showed significant compensatory enlargement exceeding 2 cm (mean 2.22) and 2 mL respectively in 12 boys who had surgically proved monorchism as compared to the descended testis in 19 boys with normal sized (mean 1.51 cm) testes(2). In another study by Hurwitz and Kaptein(3), hypertrophy of contralateral normal testis 1.8 cm. or greater predicted monorchia with an accuracy of about 90% in patients with a nonpalpable testis. This finding bears emphasis for preoperative counseling of parents that the non palpable testis is most likely absent. One more issue that is less emphatically mentioned but worthy of being explored is the detection of palpable testes in 48.8% (22 out of 45 nonpalpable testes) cases by appropriate clinical re-evaluation by the author. Implicit here is the premise that good clinical examination in this “missing-ball mystery” deserves its own mountain top and must be diligently pursued by every pediatrician in a child with cryptorchidism before further referral or investigations.

Though offering useful insights into pitfalls of imaging in cryptorchidism, the study failed to elaborate what entails good clinical examination. To redress this deficiency, it is imperative to examine a calm and comfortably lying affected child in an appropriately warm room with gentle warm two-handed technique(4). Additional clinical inputs from squatting position, pressure on femoral artery and even examination under sedation or general anesthesia (prior to surgery) in equivocal cases along with shape and size of empty scrotum are essential(4-5).

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REFERENCES

1. Shah A, Shah A. Impalpable testes-is imaging really helpful? *Indian Pediatr* 2006; 43: 720-723.
2. Koff SA. Does compensatory testicular enlargement predict monorchism? *J Urol* 1991; 146: 632-633.
3. Hurwitz RS, Kaptein JS. How well does contralateral testis hypertrophy predict the absence of the nonpalpable testis? *J Urol* 2001; 165: 588-592.
4. DCruz AJ, Das K. Symposium on common pediatric surgical problems-I. Undescended testes. *Indian J Pediatr* 2004; 71: 1111-1115.
5. Docimo SG, Silver RI, Cromie W. The undescended testicle: Diagnosis and management. *Am Fam Physician* 2000; 62: 2037-2044.

Reply

We thank Dr. Bharti for her valuable comments. We agree that the size of the contralateral testis is helpful in predicting the status of the opposite impalpable undescended testis. However, it is only a prediction and the results cannot be quoted as an explanation for not exploring and hence risking malignancy in an impalpable testis. Moreover, even the testicular nubbin needs to be excised. To conclude, no one can refute the importance of a good clinical examination for a child with undescended testis.

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