



# Perineal Ectopic Testis: A Case of a Rare Type of Ectopic Testis

## Perineal Ektopik Testis: Nadir Görülen bir Ektopik Testis Vakası

Ramazan Kocaaslan<sup>1</sup>, Kürşat Çeçen<sup>1</sup>, Mehmet Uslu<sup>1</sup>, Umut Karslı<sup>2</sup>, Mehmet Emin Özyalvaçlı<sup>3</sup>, Ömer Erkam Arslan<sup>1</sup>

### Abstract / Özet

In Perineal ectopic testis (PET), the testis is located between the penoscrotal raphe and genitofemoral fold. PET incidence is <1% of all undescended testes. The first case was reported by John Hunter in 1786. It is a rare congenital anomaly. It can be diagnosed with physical examination and ultrasound. An empty hemiscrotum gives rise to suspicion of the disorder of undescended testis. The testis progresses usually with the guidance of the gubernaculum and the ectopic occurs while the progression continues along a wrong gubernaculum pathway. This imperfection is associated with the fixation disorder of the gubernaculum testis and this leads to an abnormal position of the testis.

**Key Words:** Ectopic Testis, orchiopexy, orchidectomy, perineal ectopic testis

Perinealektopik testis (PET), testisin anormal olarak penoskrotalrafe ile genitofemoralkatlantı arasında yerleşmesi olarak tanımlanır. Testis genellikle gubernakulumun rehberliğinde ilerler ve ektopigubernakuler hata sonucu oluşur. Bu hata gubernakulum testisin distal ucunun fiksasyon bozukluğu ile birliktedir ve testisin anormal bir pozisyonda kalması ile sonuçlanır. Perinealektopik testis nadir görülen bir durumdur. İki taraflı olması ise çok daha enderdir. İnmemiş testis vakalarının yaklaşık %1'de perinealektopik testis görülür. Biz 7 yaşında bir hastada saptadığımız perineal ektopik testis vakasını ve orşiopeksi ile tedavisini bildiriyoruz.

**Anahtar Kelimeler:** Ektopik Testis, orşiopeksi, orşiopektomi, perineal ektopik testis

### Introduction

Ectopic testes emerge outside the external inguinal ring and then are misdirected along the course of their remaining descent to arrive at an abnormal position (1). This case is an example for a physician as to why he must pay attention to every anatomic variation, including the perineal area, when evaluating undescended testis.

### Case Report

A 7 year old male patient presented to our outpatient clinic with a left empty hemiscrotum. The left hemiscrotum maturation was poor. Examination showed that the contralateral testis was in the right hemiscrotum; its consistency and size were within normal ranges (Figure 1). On palpation an oval-shaped solitary mass was detected in the perineum. On the further evaluation with ultrasound we measured this mass as 7x16x22 mm. Our clinical decision of a left perineal ectopic testis (PET) was made. While the family of the patient did not give permission to make an orchidectomy, we planned a left orchiopexy for the PET and performed this without any complication. Surgical exploration was carried out (Figure 2) and it was seen that the gubernaculum was fixed to the perineum. The orchiopexy and the fixation were performed using the dartos pouch technique.

### Discussion

Testicular maturation and descent from abdomen to scrotum is a complex and multistage process that is influenced by hormonal, genetic and structural factors. There are two stages; intra-abdominal migration and inguinal migration (2). Generally, the testis follows the route of the gubernaculum, but sometimes, it is misdirected to an ectopic location in the perineum, suprapubic, femoral or contra lateral hemiscrotal area (3). The rarest form of testicular ectopia is PET (4). The exact etiology of testicular ectopia is unknown; nevertheless, gubernacular abnormalities, genitofemoral nerve disorders, increased intra-abdominal pressure, and endocrine abnormalities are the most prominent ones (5). The ectopic testis may cause numerous complications like trauma, torsion, atrophy and infertility in bilateral cases (6). When an ectopic testis is diagnosed it is necessary to make an orchiopexy before 2 years of age, but in the case of an atrophy of the testis and over 2 years of age, orchidectomy is the best option (7). We offer to perform an orchidectomy to the patient and his family as testicular cancer is more common in ectopic testis than normally descended ones. However, the parents wanted the testis in the scrotum, thus we proceeded with orchiopexy. In this situation it was advised to continue with a long term follow-up.

<sup>1</sup>Department of Urology Faculty of Medicine, Kafkas University, Kars, Türkiye

<sup>2</sup>Clinic of Urology, Van Private Istanbul Hospital, Van, Türkiye

<sup>3</sup>Clinic of Urology Bolu Governmental Hospital, Bolu, Türkiye

#### Address for Correspondence

##### Yazışma Adresi:

Ramazan Kocaaslan, Department of Urology  
Faculty of Medicine, Kafkas University, Kars,  
Türkiye

Phone: 04 742 251 150

E-mail: ramizkoca@gmail.com

Received/Geliş Tarihi:  
15.01.2013

Accepted/Kabul Tarihi:  
15.01.2014

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**Figure 1.** The examination of the left perineal ectopic testis



**Figure 2.** The testis after the exploration and separation from the gubernaculum

## Conclusion

The functional outcome is hard to define in PET, in many cases there are similar outcomes as in other ectopic testes. Therefore we believe that orchiopexy is the treatment of choice in selected patients, however self examination and long term follow up is mandatory.

**Informed Consent:** Written informed consent was obtained from parents of the patient who participated in this study.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept - R.K.; Design - R.K., K.Ç.; Supervision - R.K.; Data Collection and/or Processing - K.Ç.; M.E.Ö.; Analysis and/or Interpretation - K.Ç., U.K.; Literature Review - M.U., Ö.E.A.; Writing - R.K.

**Conflict of Interest:** No conflict of interest was declared by the authors.

**Financial Disclosure:** The authors declared that this study has received no financial support.

**Hasta Onamı:** Yazılı hasta onamı bu çalışmaya katılan hastanın ailesinden alınmıştır.

**Hakem değerlendirmesi:** Dış bağımsız.

**Yazar Katkıları:** Fikir - R.K.; Tasarım - R.K., K.Ç.; Denetleme - R.K.; Veri toplanması ve/veya işlemesi - K.Ç., M.E.Ö.; Analiz ve/veya yorum - K.Ç., U.K.; Literatür taraması - M.U., Ö.E.A.; Yazıyı yazan - R.K.

**Çıkar Çatışması:** Yazarlar çıkar çatışması bildirmemişlerdir.

**Finansal Destek:** Yazarlar bu çalışma için finansal destek almadıklarını beyan etmişlerdir.

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