

Undescended Testicle: A case report

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Abstract: The cause for undescended testes is unknown, and medical treatment involves surgery, which can have complications. This case study is presented to demonstrate a chiropractic approach to this problem.

Indexing Terms: chiropractic; Cryptorchidism; undescended testicle; lazy bowel; child; ilium; PIn; Men's Health.

Introduction

The cause of undescended testes is unknown. The main sign of undescended testes is one testis (a single testicle) or both testes missing from the scrotum. Undescended testes will not cause your child any problems with urination, and will not cause any pain unless the cord attached to the testis (the spermatic cord) becomes twisted. The medical approach if the testes do not come down by themselves is to monitor for a period, and if after six months, an operation called an *orchidopexy* is recommended. An *orchidopexy* brings the testis down into its normal location in the scrotum. The procedure is performed under anaesthesia. The surgery involves a small cut in the groin and the cord is gently stretched to free up the testis. A second cut is made in the scrotum and the testis is secured inside the scrotum. The cuts are then sutured. Complications from *orchidopexy* are rare, but may include permanent shrinkage of the testis.

... in this case an undescended testis in a 7y male responded to Gonstead Methods adjustment of a L/PIn and a program of home exercises. It is thought resolution reflects normalised neural tone to the cremaster mm'

Case History

A 7 year old male presented with a long standing abdominal complaint. He had been complaining about abdominal pain on and off for a period of 2 years. A number of visits to the GP revealed no significant abnormalities.

There was no stated injury or trauma. At 10 months old he had his right kidney removed. As an infant he also had an umbilical hernia that was very slight and did not self correct.

Examination of the patient revealed a normally developed, pleasant 7 year old active boy. Initial observation of the gait indicated an abnormal gait with the left leg being thrown out laterally as a leg



swing. Foot flare on the left was extreme on external rotation. Reflexes were 2+ and brisk. All indicated orthopaedic/neurological tests performed were negative.

The patient had an ultrasound of the abdominal area and scrotal area prior to examination. There was a subcutaneous lipoma of benign appearance in the anterior epigastric area. The right testis was normally sited within the right scrotum. The left testis was present within the mid inguinal canal.

Chiropractic X-rays were obtained of the lumbar and pelvis region. AP and LAT were taken weight bearing and at 82" FFD (about 208cm). Listing was established as PI_3 In_7 . A possible S2 was noted, but with no palpable tenderness.

Lateral x-rays revealed a hyperlordotic lumbar curve. Noted was a large amount of bowel compaction. It was revealed after the x-ray that the child had a bowel movement every 3-4 days.

Patient x-rays

AP Lumbopelvic, Erect



R) lateral lumbopelvic, erect



Treatment

Correction was provided as Gonstead side posture, Listing PIIIn. Patient was asked to activate abdominal muscles to assist with postural change.

Foot control by the patient was very poor with associated abdominal weakness and gluteal control. Postural exercises were explained for the patient to develop long term postural habits.

The patient has been treated 3 times and left testis has now started to remain in the scrotum although at times it does retract.

The possible S2 misalignment will be monitored.

The patient is scheduled to have a follow up with the surgeon for a consultation. The mother is reserved about the surgery at this time and is pleased with the progress.

Discussion

Cryptorchidism or failure of testicular descent occurs with a frequency in males at birth of about 10%. By the end of the first year the percentage reduces to 2-3% because of spontaneous descent. More descent will take place and the prevalence generally falls to about 0.4-0.5%.

Aetiology

The aetiology is generally unknown in medical literature, but several factors have been implicated such as a tight inguinal ring, short spermatic artery, and gonadotropin deficiency.

Prognosis

The spontaneously late descending testis probably should ultimately function normally. The success of *orchidopexy* in producing a fully functioning adult testis, regardless of the age at which it is performed remains controversial.

Conclusion

The specific chiropractic approach to any treatment is to determine from where on the spine the problem is being caused. Treating an undescended testicle, which will respond to having the nerve supply to the *cremaster* muscle stimulated allowing the testis to descend to the normal scrotal region. This would be consistent also with a person with a hernia or any condition that would be associated with nerve disturbance from the lumbar/sacral/pelvic area.

By utilising the Gonstead system approach in all areas of treatment it allows the chiropractor a full picture to the treatment of the underlying condition. Most treatments should have a high level of expected success, and this patient will be monitored and adjusted as required until the problem is fully resolved.

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About

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