

# BÖLÜM 18

## İnmemiş Testis ve Male Faktör İnfertilitesi

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### GİRİŞ

İnmemiş testis yenidoğan erkek bebeklerin en sık görülen pediatrik üroloji sorunudur ve yaklaşık %3-4 oranında görülmektedir. Prematüre doğmuş yenidoğanlarda ise bu oranın %30'a kadar çıktığı görülmektedir (1). Bir yaşında ise erkek bebeklerin yaklaşık %1'inde bu problem devam etmektedir (2). Testisin skrotuma normal inişi genellikle 25 ila 35. gebelik haftaları arasında gerçekleşir (3).

İnmemiş testislerin büyük bir kısmı ilk 3 ayda spontan olarak skrotuma inmektedir (4). Özellikle erken doğan bebeklerde 3 aylıktan sonra testislerin inmesi de mümkündür (5). Bazı durumlarda, skrotumda bulunan testis doğumdan sonra yeniden yükselir buna assending testis yani sonradan yukarıya kaçma ismi verilmektedir. Normal testis inişi, testis reascent ve testis regresyon mekanizmaları henüz tam olarak kurulmamıştır. 6 aydan büyük erkek çocukların yaklaşık %1-2'sinde doğum sonrası erken inişten sonra inmemiş testis gelişir (6). İnmemiş testisin doğurganlığın azalması ve malignite oranlarının artması ile ilişkili olduğu bilinmektedir (7,8). Bir cerrahi uzmanına zamanında sevk ve zamanında cerrahi düzeltme doğurganlık oranlarını iyileştirebilir ve inmemiş testis ile ilgili malignite oranlarını azaltabilir. Hormon tedavisinin etkinliği, cerrahi tedavinin zamanlaması ve inmemiş testisin testis sonuçları konusunda tartışmalar devam etmektedir.

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## SONUÇ

Palpe edilebilen testis cerrahisi en yaygın olarak retroperitoneal diseksiyon ve gerektiğinde diğer modifikasyonlar ile inguinal yaklaşım olmaya devam etmektedir. Palpe edilemeyen testise en yaygın olarak laparoskopik olarak yaklaşılır ve laparoskopik orşiopeksinin başarı oranı daha geleneksel açık yaklaşımlardan daha fazla olduğu ifade edilmektedir.

İnmemiş testis cerrahisinin yaşamın erken dönemlerinde yapılması, yaşamın ilerleyen dönemlerinde fertilitate kaybını önlemek ve testis malignitesinin erken saptanmasına olanak sağlamaktadır. Tedavi seçenekleri cerrahi ve/veya hormonal tedaviyi içerir ve seçim yaşa ve testis konumuna bağlıdır, ancak sırasıyla zamanlama, dozaj ve maddeler açısından hormonal tedavi konusunda ortak bir fikir birliği yoktur. Bununla birlikte, hormonal tedavi başarılı bir inişe yol açmayabilir, daha sonraki yaşamda fertilitate açısından ek faydası olabileceği görülmektedir.

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