

## INTRA-ABDOMINAL TESTIS

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**HISTORICAL TECHNIQUES OF LENGTHENING**

The contemporary understanding about cryptorchidism started in the eighteenth century. In 1755, Baron Albrecht von Haller at Göttinger University published his famous work 'Opuscula Pathologica' and described the abdominal position of the fetal testis (1). In 1762, John Hunter confirmed the abdominal position of the fetal testes and noticed the testis nearly descends around the 8th month. In addition, he described retractile testes, undescended testes, and testicular ectopia (2).

Trials for surgical correction started after more than half a century afterward. Several German doctors, including J.F. Rosenmerkel of Munich in 1820 and M.J. von Chelius in 1837, were said to have attempted surgery to correct undescended testis (2). However, the first recorded attempt was made by James Adams in London Hospital in 1871 (3). The patient was 11-week-old boy who was diagnosed with a left perineal testis. A 1.5-inch incision was made over the external ring to perform the orchiopexy. The spermatic cord and testicle were released from their attachments. The tunica vaginalis was not harmed, and the

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## CONCLUSION

The impalpable Testis represent a challenging situation regarding both the diagnosis and the management. The diagnosis has been largely solved by the advent of laparoscopy which gives a clear and very accurate diagnosis of the position, size and the condition of the testes. Regarding the management, the microvascular anastomosis has been largely out of the scope because of the technical demands and the difficulty of performing anastomosis in the preferred age between 6 and 12 months. The Fowler-Stephen approach has been popular for a long period of time with reasonable success rates. However, there are concerns about the quality of the internal histology of the testes based on the interruption of the main testicular blood supply. There are supporting publications that despite of the preservation of the volume of the testis, there is serious histological damage of the sensitive structures of the testis. Recently, the suggestion of elongation rather than interruption of the testicular blood supply using the Shehata technique has been popular in many centers around the world with a very good success rate and with the obvious advantage of preservation of the main testicular blood supply. It has replaced the Fowler-Stephen approach in many centers around the world. Many recent publications and systematic surveys have documented the success and the benefits of the Shehata technique.

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