

RETRACTILE TESTIS

*Muhammad ARSHAD*¹*Ayesha SALEEM*²**INTRODUCTION**

The retractile testis is one of the commonest conditions seen in the Pediatric surgical outpatient clinics. This creates a lot of anxiety among parents hence they end up visiting many pediatricians and pediatric surgeons, simultaneously. Due to easy accessibility, ultrasound is the first investigation done. If at time when ultrasound is performed testes are seen in groin these are labeled wrongly as undescended testes. It is important to differentiate retractile testes from undescended testes to prevent unnecessary surgeries. Key points for correct diagnosis is good history and clinical examination.

Retractile testis is defined as a testis that has completed its descent into the scrotum but can be located either in the upper scrotum or inguinal canal. They are commonly considered to be a normal variant of the testes that move spontaneously out of the scrotum on induction of the cremasteric reflex but returns spontaneously to the scrotum or with manipulation and remain there for a finite period (1).

The prevalence of retractile testes in school age boys has been estimated at between 4 and 13 per 1000 boys (2). The incidence of testicular ascent with a

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of the testis in children. It is one of the most common diseases encountered by pediatric urologists and pediatric surgeons. A careful history and relaxed examination by an experienced pediatric surgeon will clinch the diagnosis. They should be differentiated from true undescended testes which require orchiopexy. Surgical intervention in retractile testes is limited to those cases which show decrease in testicular volume or if there is ascent of testes.

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