

▲ Diagnosis & management:

- Π Parents/Doctors
- Π Clinical features (the most imp for Dx)
 - ♦ Empty scrotum
 - ♦ Palpable or not
 - ♦ Milk it down to scrotum
- Π Imaging has no role unless the testis was not palpable in this case we use MRA, MRI, US to determine the site of the testis & MRA is the best one in this case.
- Π Laparoscopy
 - ♦ Diagnostic
 - ♦ Therapeutic
- Π We may need imaging if testes not in the scrotum.....
- Π The best imaging modality for Dx is MRA.
- Π But, the gold standard tool for Dx & Rx is: LAPAROSCOPY. VIP

- At the time of puberty: mainly the retractile type may reside in its place b/c of increased Wt. of the testes & well development of the muscles.
- In this case usually we do not do any intervention b/c with the time it will reside in its place.
- For Ectopic type, intervention is must to be done from 1 mon to 1 year of age. (deadline)
- The higher the testes the worst prognosis.
- Also if it was bilateral the worst prognosis.
- The most fearable outcome is infertility and malignancy.
- The most common DX method is the clinical pic. And mother's fear.