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Case Report

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### A Case Report on Transverse Testicular Ectopia

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#### ABSTRACT

Transverse Testicular Ectopia (TTE) is a rare congenital anomaly in which both testicles migrate towards the same side of the scrotum. It is usually associated with other abnormalities such as Mullerian duct syndrome, inguinal hernia, scrotal anomalies etc. We are presenting a case of Transverse Testicular Ectopia in a 30 year old male patient having complaints of Left Inguinal Hernia previously operated for Left Orchidopexy with mesh placement.

**Keywords:** Ectopia, Orchidopexy

#### INTRODUCTION

Transverse Testicular Ectopia also known as Crossed Testicular Ectopia, Testicular pseudoplication, Unilateral double testis and Transverse aberrant testicular maldescent. It is a rare congenital anomaly in which both testicles migrate to same side of the scrotum through a single inguinal canal. Often the diagnosis is made during surgical exploration. Here we report a case of previously known TTE.

#### CASE PRESENTATION

A 30 year old male patient visited to our OPD having complaints of Left Inguinal swelling since 2 year which was previously operated 3 years back in government hospital and attended as a recurrent left inguinal hernia. On exploration, only one testicle

felt on left side. Right side scrotum was found to be empty. On left side Indirect, funicular, reducible, recurrent hernia was present. Patient gives the history of previously operated for left Inguinal Hernia. On discharge paper of the patient of previous operation, TTE was mentioned. In the operative procedure, it was mentioned that left testis was already present in the same hemi-scrotum and second testis which was present in the Left Inguinal canal was pulled down to the same side and finally mesh placed. But on examination only one testicle felt in the left scrotum. USG done few days before suggests monorchism. But still diagnosis was unclear.

All routine investigations done and then scheduled for surgery. With all aseptic precautions and ensuring adequate effect of spinal anaesthesia, incision taken on left inguinal region and layer wise separation till external oblique aponeurosis.

A straight incision taken over External oblique apponeurosis, cord lifted up. No evidence of meshplasty or suturing was seen. Cremaster opened, indirect sac seen. Sac separated and purse string suture taken, Herniotomy done. Testis was then pulled up in inguinal region. Both testis was found on the same side. Left testis was normal and other testis found atrophic. Cord structure of both testis adherent to each other, which was separated. Two testis attached to each other by gubernaculum with separate pampiniform plexus and vas deferens.

An encysted structure seen adherent to cord, having clear amber coloured fluid filled lobule to its side. This encysted structure was then excised. Since the second testis was atrophic, it was not placed to other hemi-scrotum. Normal testis was repositioned to the same hemi-scrotum and atrophic testis was left as it is. Mesh placed and Hernioplasty done. External oblique muscle closure done. Layerwise suturing and skin closure done. Post operatively patient treated with IV antibiotics and analgesics and suture removed on 8<sup>th</sup> day.

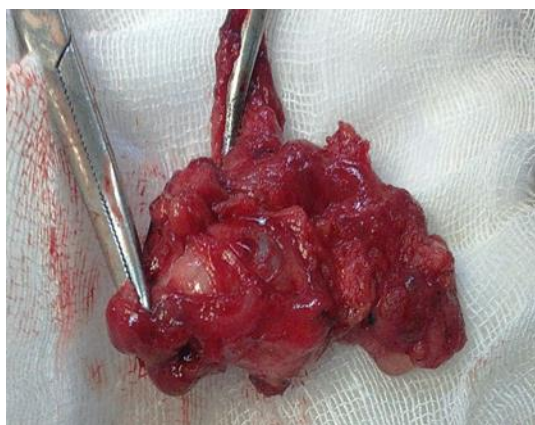


Figure 1: Encysted part

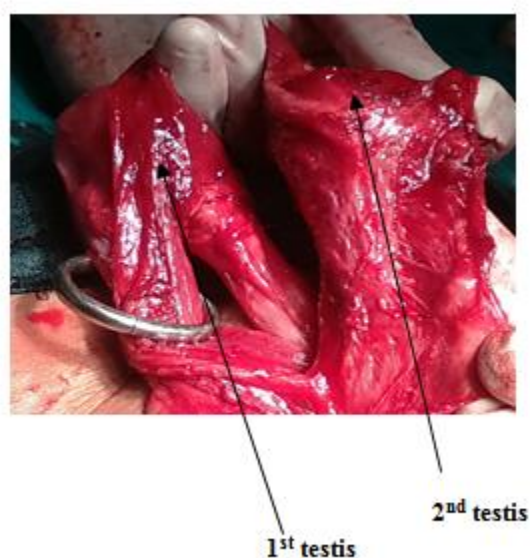


Figure 2: Showing both testis and their separate gubernaculum

## CONCLUSION

Transverse Testicular Ectopia is a rare congenital condition. It may mimic with an irreducible Inguinal Hernia. In this case, since the

swelling was funicular we were sure about the presence of hernial sac but the USG report and previous operative procedure summary made the diagnosis unclear. On previous operation

orchidopexy of the testes present above superficial inguinal ring was not done but still it was mentioned on the discharge paper. But since it was found to be atropic and the patient had already completed his family when he was secondly

operated, orchidopexy not done. In future also patient may have complaints of inguinal swelling due to the presence of atropic testes. So it can be concluded surgical exploration is essential for correct diagnosis of such rare cases.

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