Editorial Commentary

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Is there a role for open surgery in the management of the undescended testis?

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There is no argument about the diagnostic role of laparoscopy in management of the non-palpable testis and that no current modality offers even close accuracy or reliability. There is also no role now for open surgery in the management of the abdominal testis. For the inguinal undescended testes, in our practice, any testis that can be milked back to the abdomen can be managed laparoscopically. The dissection of the internal spermatic vessels together with the shortcut during orchidopexy offer extra length and tension-free orchidopexy that the inguinal procedure cannot specially for older children. The long looping vas deferens also is not a contraindication for laparoscopic management,[1] hence, the question whether open surgery still has a role or not appears justified.

Laparoscopic diagnosis/orchidopexy can be performed as early as 6 months of age as only 6.9% of cryptorchid testes may show spontaneous descent after that age.[2] For access in such young age, visual trocars can replace Hasson's. In our experience, for a credible diagnostic laparoscopy, at least one instrument should be inserted through an additional port or using a working laparoscope.

There is often some confusion between single stage Fowler Stephens (FS) and Primary lap orchidopexy. A FS procedure means ligation of the internal spermatic vessels whether single stage or staged, while primary orchidopexy spares the vessels and is considered just mobilization of the testis after cutting the gubernaculum.

In the current study, the low incidence of testicular atrophy conforms to the modified 2nd stage FS with preservation of the gubernaculum and the cremasteric vessels as an additional pedicle for the testis together with the vas deferens.[3] So, the decision to perform primary or FS orchidopexy should be made from the start based on the location of the testis and the size of the patient. This is because the primary procedure starts with cutting the gubernaculum, which affects the survival of the testis if the decision is changed later to FS.

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REFERENCES

1. Shalaby MM, Shoma AM, Elanany FG, Elganainy EO, El-Akkad MA. Management of the looping vas deferens during laparoscopic orchiopexy. J Urol 2011;185 (Suppl 6):2455-7.
2. Wenzler DL, Bloom DA, Park JM. What is the rate of spontaneous testicular descent in infants with cryptorchidism? J Urol 2004;171:849-51.
3. Robertson SA, Munro FD, Mackinlay GA. Two-stage Fowler-Stephens orchidopexy preserving the gubernacular vessels and a purely laparoscopic second stage. J Laparoendosc Adv Surg Tech A 2007;17:101-7.

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