MANAGEMENT OF CRYPTORCHIDISM IN NON-SYNDROMIC CHILDREN

- Testis in scrotum? (check also frog-legged)
  - yes: Follow-up through childhood
  - no: Self-palpation from puberty onwards

- Genetics / hormonal work-up
  - yes
  - no: Other signs of hypovirilization?
    - yes
    - no: Testis palpable?
      - yes: Child ≥ 6 months?
        - yes: Organize surgical visit
        - no: Testis present?
          - yes: Consider removing inguinal remnants
          - no: Remove abdominal remnants
          - yes: Orchiopexy
          - no: No routine biopsy
    - no: Bilateral condition?
      - yes: Testis palpable?
      - no: Follow-up at puberty

Optional ultrasound
- Examination under general anesthetics
- Laparoscopy

SwissPU, JANUARY 2014
SwissPU does not encourage the use of first-line hormonal treatment in non-syndromic cryptorchidism.

All clinical findings must be written down in the patients’ medical files, using the following definitions when appropriate:

- **Cryptorchidism**: absence of at least one testicle from the scrotum
- **Gliding testis** (Gleithoden, testicule flottant): testicle that can be brought down into the scrotum but does not stay there after release
- **Retractile testis** (Pendelhoden, testicule rétractile): testicle that comes to lie outside the scrotum because of the cremaster traction
- **Ectopic testis**: cryptorchid testis abnormally attached to extra-scrotal structures by gubernacular remnants
- **Ascending testis**: testicle previously described as intrascrotal that has come to lie permanently outside the scrotum, either primarily or secondarily (trapped testis)