

CASE REPORT

POLYORCHIDISM DISCOVERED AS AN INCIDENTAL FINDING IN 16 YEARS BOY DURING LEFT INGUINAL HERNIOTOMY

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ABSTRACT

A 16 years old boy presented with three months history of left inguinal hernia. On examination, he had two normal testicles in scrotum, one on either side. During left inguinal exploration for hernia repair, a third undescended testicle was found incidentally, which was excised.

KEY WORDS: Polyorchidism; Triorchidism; Supernumerary testicle.

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INTRODUCTION

Polyorchidism (supernumerary testicles) is a very rare congenital anomaly characterized by the presence of more than two testes. Approximately 200 cases of polyorchidism have been reported in medical literature. Triorchidism i.e three testicles is the most common form of polyorchidism, in which the supernumerary testicle is usually found on the left side.³

Polyorchidism may present as a painless scrotal lump, however most commonly it is encountered during exploration for other abnormalities such as inguinal hernia, undescended testis and testicular torsion.³

The cases of polyorchidism have been identified in different ages ranging from 4 to 75 years.⁴ Doppler ultrasound is usually sufficient to make a diagnosis of polyorchidism.⁵ MRI may be used as supportive diagnostic investigation in selective cases.⁶

Singer et al.⁴ classified polyorchidism on the basis whether the supernumerary testis drains into vas deferens or not as type A and B respectively. The type B

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cases therefore don't have a reproductive potential.

This report is about a triorchidism case detected incidentally during left inguinal herniotomy.

CASE REPORT

A 16 years old boy was admitted in the Department of Surgery, MMM Teaching Hospital of Gomal Medical College, D.I.Khan, Pakistan with history of left inguinal hernia for last three months. The inguinal hernia was indirect while there were two testicles in the scrotum, one on either side. During left inguinal herniotomy, an additional undescended testicle was found. The undescended testicle was similar in size as the normal ones, however it was neither having its own vas deferens nor did it have connection with the epididymis or vas of other testicle as in Figure 1

The supernumerary undescended testicle was excised and left inguinal herniotomy was done. Patient was discharged the next day.

An ultrasound abdomen on follow up visit at seven days ruled out undescended testis on the right side and hence diagnosis of triorchidism was confirmed.

DISCUSSION

This case of polyorchidism was found incidentally during left inguinal herniotomy. Supernumerary testes are associated with inguinal hernia in up to 24% cases as reported in literature.³

There have been different ways to deal with polyorchidism depending on multiple factors. These factors include position of supernumerary testis i.e scrotal or undescended (inguinal or abdominal), the reproductive potential (whether the testis is drained



Figure 1: Polyorchidism discovered as an incidental finding in 16 years boy during left inquinal herniotomy.

by vas or not), its size and consistency (normal or atrophic), the age of the patient (child or adult) and psychological aspects that are related to follow up (i.e anxiety of the patient).^{3,7}

As far as undescended testes is concerned, the recent studies suggest removal due to an increased risk of malignancy.³ In case when all the testicles are undescended, particularly in children and young adults, orchidopexy should be performed.⁷ In cases where the supernumerary testis is intrascrotal with suspicious findings on imaging or if it is associated with pain may be removed surgically.^{2,8} The supernumerary testicle if left with in the scrotum or if brought down from abdomen should be followed with yearly ultrasound examinations to detect any malignancy of testicle at an early stage.⁵

In present case, the supernumerary testis was not only undescended but also was not draining into a vas and hence was rightly removed.

CONCLUSION

Polyorchidism is a rare condition but should be borne in mind while dealing with scrotal and inguinal swellings. The supernumerary testis that is undescended should be removed due to risk of malignancy.

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CONFLICT OF INTEREST
Authors declare no conflict of interest.
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