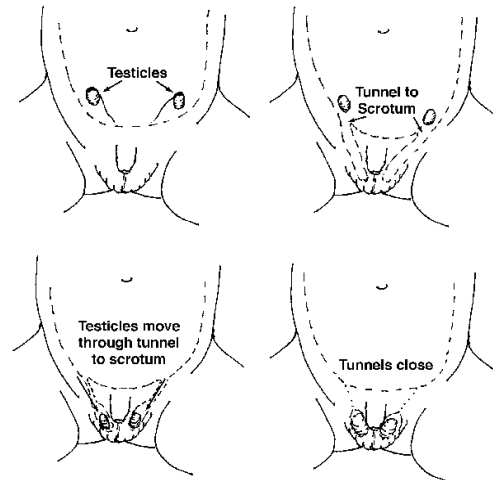


Information for Parents About Retractile Testicles

Your son has a retractile testicle. This is not dangerous, but there are some things you should know about this condition.

How do testicles develop?

During pregnancy, the testicles in boy babies actually grow inside the abdominal cavity, not in the scrotum. Four months before birth, a tunnel formed by the smooth lining of the intestinal cavity pushes down through the groin into the scrotum. Between 1-2 months before birth, the testicles move down through this tunnel to be anchored in the scrotum. As the tunnel moves through the abdominal muscles, it is wrapped with some of the muscle tissue. This muscle is called the cremaster muscle. When a boy is cold or nervous the cremaster muscle contracts, pulling the testicle up out of the scrotum and into the groin area.



Is it dangerous for my son to have a retractile testicle?

In some boys, even though the testicle makes the complete trip into the scrotum, that testicle may move up and down along the tunnel. Some doctors believe that this is an exaggerated reflex response. Such testicles are called 'retractile testes' because they retract into the groin when the cremaster muscle contracts. This retraction can make it hard to find the testicle on examination. Sometimes it may be difficult to tell the difference between a retractile testicle and an undescended testicle (one that never made the full trip into the scrotum during development). There are significant differences between the two conditions. Undescended testicles have a higher risk of problems making hormones or sperm and development of cancer. Retractile testes don't have a higher risk of these problems.

What might happen to a retractile testicle?

Rarely, (about 1-4/100) a retractile testicle becomes anchored outside of the scrotum as a boy grows taller. This condition requires surgery to free the testicle and anchor it in the scrotum. For this reason, we recommend periodic examinations as a boy grows to make sure that the testicle can be brought into the normal position. Whether or not the testicle spends most of the time in the scrotum, so long as it can be brought into the normal position no surgery is necessary.

For more information on this topic you are welcome to visit Dr. Hatch's web site: Genitourinary Development [www.meddean.luc.edu/lumen/meded/urology/guhome.htm]

For more information about Dr. Hatch please visit our web site [www.luhs.org/urology]

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