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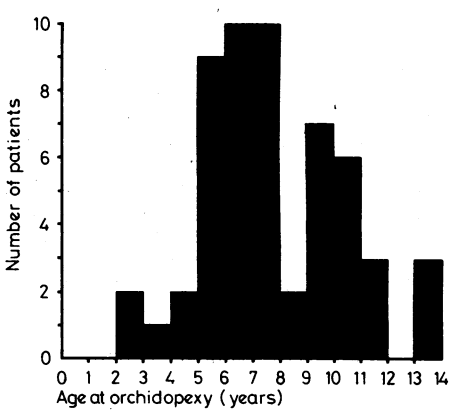
CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Cryptorchidism: a renewed plea

SIR,—Most clinicians are well aware that the undescended testicle is prone to abnormal germ cell maturation, malignant transformation, torsion, and injury. It is usually associated with an inguinal hernia, although this is rarely the presenting feature. Furthermore, the psychological effects of an empty scrotum should not be underestimated.[1] Spontaneous descent can only occur up to the age of 1 year.[2] Beyond this age only a retractile testis can suddenly appear in the scrotum. Unfortunately, there is still much confusion about the optimal age at which a child should be treated. We believe that no testis should be left undescended after the age of 5 years, but there is evidence that this upper age limit should be reduced to the first year or two of life.[3] As surgeons we can only deal with the problem as it presents to us and a review of 55 patients presenting with cryptorchidism in our department in 1978 suggests that we still see the boys too late. The histogram shows the ages at which the boys were operated on. Less than half (24 patients) were under the age of 7, and only 9% under the age of 5 at the time of operation.

This limited but pertinent review is all the more disappointing when the patients have been referred from a well-defined catchment area with a high standard of primary medical care and close surveillance by the school medical services. The reasons for late referral may stem from a reluctance to promote the activities of surgeons who only wish to see normal anatomy when there is little evidence that fertility is improved or malignant potential decreased by orchidopexy. Indeed, maldescent may be one effect of a primary dysplastic process which can even involve the scrotal testis in unilateral cases.[4] However, we suspect that no such attitude of academic fastidiousness prevails. There may be a few who still believe that a truly undescended testis is capable of spontaneous descent up to the age of puberty; but it is also probable that many undescended testicles have not been



Histogram to show age at orchidopexy.