Ectopic scrotum: A unique case report

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Abstract

Ectopic scrotum is a rare congenital anomaly. Most common location is supra-inguinal. We present a case of left ectopic scrotum in a three year old boy with no associated congenital anomalies, who underwent successful scrotoplasty and orchiopexy.

Congenital scrotal anomalies are classified as penoscrotal transposition, bifid scrotum, ectopic scrotum, and accessory scrotum.[1] Ectopic scrotum is the anomalous position of one hemi-scrotum along the inguinal canal. Ectopic scrotum is rare and can occur anywhere from the inguinal canal to the perineum and mid-thigh, but occurs mainly in the inguinal, supra-inguinal, infra-inguinal or perineal areas.[2]

Associated anomalies include inguinal hernia, cryptorchidism, and exstrophy of the bladder. About 70% of supra-inguinal ectopic scrotums are associated with ipsilateral upper tract anomalies, like renal agenesis, renal dysplasia and ectopic ureter.[3]

Embryonically it is believed that ectopic scrotum develops due to a defect in the gubernacular development.[4] Lockwood described 4 locations of distal gubernacular attachment: pubic area, superficial inguinal area, saphenous area, and perineal area.[5]

Six to twelve months of age is considered appropriate for scrotoplasty and orchiopexy.[6-8]

Case report

A 3-year-old boy presented with a swelling in left inguinal region since birth. There was no family history of congenital anomalies. On physical examination, the right hemi-scrotum was normally located and contained normal sized right testis. Left hemi-scrotum was located in the left inguinal region and contained normal sized left testis (Fig. 1). Ultrasound evaluation of abdomen did not reveal any other associated anomalies.

The child underwent exploration of the left hemiscrotum (Fig. 2) scrotoplasty with orchiopexy (Fig. 3). He was well at the 1-year follow-up visit.

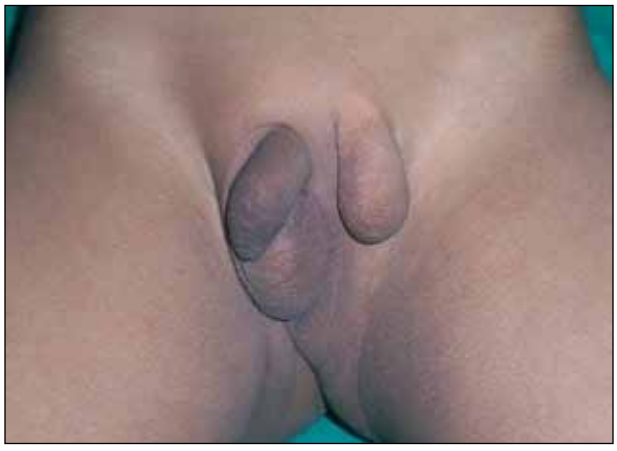

Fig. 1. A clinical picture of the ectopic scrotum.

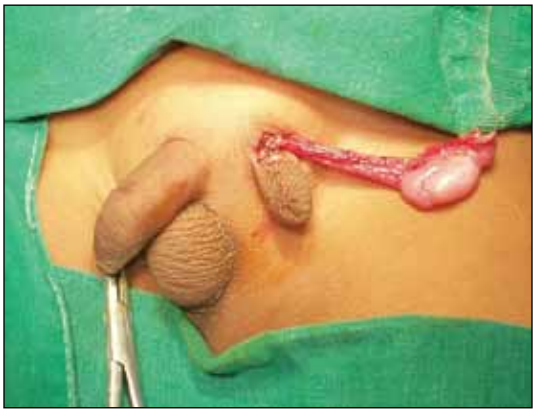

Fig. 2. Testis dissected from the ectopic scrotum.

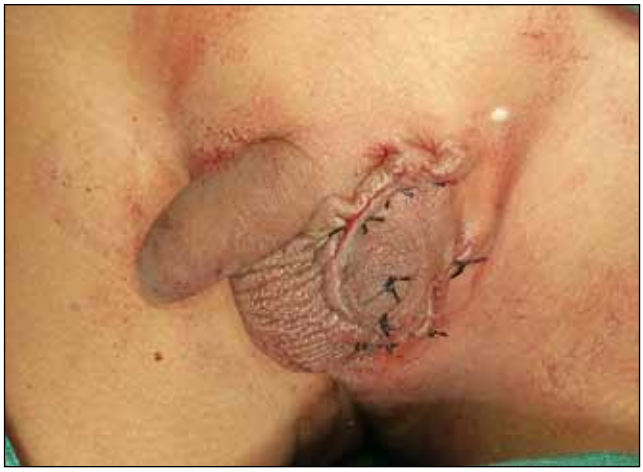

Fig. 3. Reconstructed scrotum.

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