



## Laparoscopic Orchidopexy

Laparoscopy for impalpable testis is one of the most widely practiced procedures by pediatric laparoscopists; it is traditionally used to exclude vanishing testis syndrome and formulate a plan of management for intra-abdominal testes. Recently, laparoscopic orchidopexy<sup>[1]</sup> is gaining popularity for impalpable testis with adequate testicular mobility. This article is addressing the dilemma of inguinal hernia noted during this type of operation. The authors have correctly suggested that inguinal hernial closure is not necessary under these conditions as extensive dissection around the internal ring will result in closure of the internal ring.

It should be noted that there is a difference between true inguinal hernia and inguinal hernia associated with undescended testis. Most pediatric surgeons dissect the hernia to free the testicular vessels from this tethering sac as to achieve extra length. It is of little importance whether herniotomy is performed under these circumstances, certainly it is not my practice to routinely suture ligates the sac and no recurrent inguinal hernia is noted over a 15-year period.

The situation is somewhat different in inguinal hernia that is not associated with undescended testis.

Suture ligation of the hernial sac flush with internal ring especially in neonates and premature infants is mandatory and to state otherwise is misleading. Every practicing pediatric surgeon has seen almost immediate recurrence of inguinal hernia when meticulous and proper closure of the sac is not performed. There are many articles that address the issue of laparoscopic hernial closure, and how this is done laparoscopically does af-

fect the outcome,<sup>[2]</sup> as simple laparoscopic closure without herniotomy has shown to have a high recurrence rate (3% in most large series); current recommendation is complete herniotomy followed by suture ligation of the peritoneal opening.<sup>[3]</sup>

Finally, my present preferences for intra-abdominal testis diagnosed laparoscopically are:<sup>[4]</sup>

- If the testis can be stretched to contra-lateral internal ring; a preperitoneal approach is adopted.
- If mobility is not adequate then a laparoscopic assisted micro-vascular transfer is performed. In my experience Fowler-Stephen laparoscopic staged orchidopexy has a high atrophy rate and is no longer performed.

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### References

1. Esposito C, Damiano R, Gonzalez Sabin MA, Savanelli A, Centonze A, Settini A, *et al.* Laparoscopy-assisted orchidopexy: an ideal treatment for children with intra-abdominal testes. *J Endourol* 2002;16:659-62.
2. Gorsler CM, Schier F. Laparoscopic herniorrhaphy in children. *Surg Endosc* 2003;17:571-3.
3. Becmeur F, Philippe P, Lemandat-Schultz A, Moog R, Grandadam S, Lieber A, *et al.* A continuous series of 96 laparoscopic inguinal hernia repairs in children by a new technique. *Surg Endosc* 2004;18:1738-41.
4. Banieghbal B, Davies M. Laparoscopic evaluation of testicular mobility as a guide to management of intra-abdominal testes. *World J Urol* 2003;20:343-5.

