

6. UNDESCENDED TESTES

Scrotum protects the normally descended testes and keeps their temperature 2–3°C below the body temperature. This helps in formation of healthy spermatozoa and good quality semen in adulthood.

WHO CAN GET AFFECTED?

Like inguinal hernias, undescended testes are seen more commonly in premature babies.

DEVELOPMENT OF TESTES

Initial development of the testes occurs inside the abdomen of the fetus. Around 7th month of intrauterine life, the testes start descending through the passage within the inguinal canal. Around 9th month along with their coverings, they enter into the scrotum. **In preterm babies, this process may continue up to 3 months postnatally.**

OTHER ASSOCIATED PROBLEMS

90% cases have inguinal hernia along with undescended testis. Problem of obstructed inguinal hernia can occur here as well. Prolonged pressure on the blood vessels of the testis, can result in testicular atrophy. Therefore, when hernia is noted along with undescended testis, surgery needs to be done immediately. Histopathological changes are noted in testicles which remain high up in the inguinal canal beyond 1 year of age.

LONG TERM EFFECTS

If surgery is delayed, testes remain in the inguinal canal or the abdomen for too long. This adversely affects development of healthy spermatozoa and the process of fertilization when the baby reaches adulthood. Children having bilateral undescended testes have higher risk of being infertile. Incidence of cancer in these testes is also quite high.

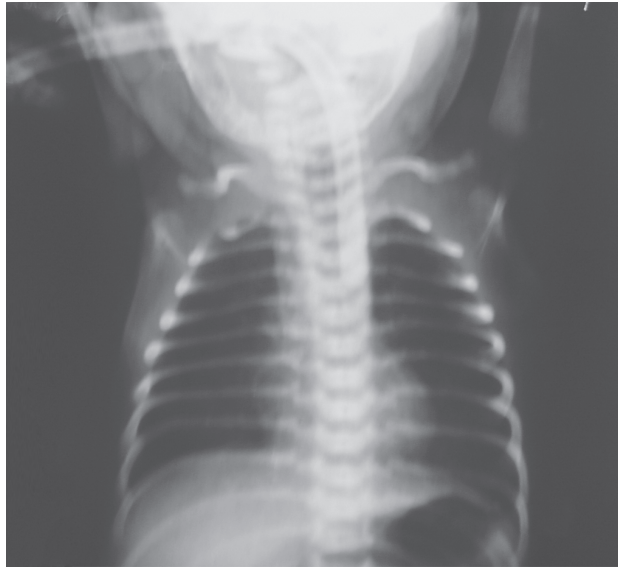


Fig. 2.2. X-ray of the blind upper pouch with red rubber catheter *in situ*

2. Nebulisation, chest physiotherapy and antibiotics for treatment of pneumonia.

Definitive Management

Surgery is the only definitive option for cure. Once the baby's condition is stable, it is taken up for surgery. Repair of tracheo-esophageal fistula is a supra-major surgery. Many a times, final decision can be made only after opening the chest. Here, lower pouch is separated from the trachea. The upper and lower pouches are brought close to each other and sutured without tension over a nasogastric tube.

After surgery also, antibiotics, nebulisation and chest physiotherapy are of utmost importance. If there is tension on the anastomosis or blood supply of one of the pouches is in doubt, it is covered up by surrounding pleura. Air, blood clots, secretions, etc. are drained by a chest tube which also ensures adequate expansion of the underlying lung. If there is serious chest infection or blood supply one of the pouches is in doubt, the baby is given ventilatory of support.

Signs and Symptoms

1. Respiratory distress
2. Fever
3. Cough
4. Chest pain

Sometimes, empyema may result from tuberculosis of the lungs.

Emergency Treatment

In the initial stages, a small tube is inserted into the pleural cavity to drain the collected pus. Along with this, proper antibiotics in right proportion and optimal nutritional supplements ensure early cure.

Need and Nature of Surgery

Often these children are brought to a pediatric surgeon quite late in course of the disease. At this stage, major surgery is required to remove the thickened pleura and drain out the pus collection (decortication). In spite of surgery, it may take a long time for complete lung recovery. During convalescence, nebulisations, intake of healthy food and lung physiotherapy serve an important role.

distension has settled and NGT aspirate is gastric, initially test feeds are given via the nasogastric tube and, thereafter, oral intake (feeding) is allowed. Besides surgery, taking care of fluid and electrolyte imbalance, supplementation of blood and blood products and antibiotics are also important.

5. INTUSSUSCEPTION

Intussusception is common in children between 6 months and 2 years of age, especially when supplementary feeds (weaning diet) are started for the baby. Also, after an attack of cough and cold, attack of gastroenteritis, etc. the proximal bowel invaginates into the distal bowel and intussusception occurs.

Many a times, terminal portion of the small bowel, i.e. ileum enters into the colon. Intussusception is more common in boys.

Signs and Symptoms

1. Abdominal distension
2. Vomiting (green/yellowish)
3. Perrectal bleeding
4. Baby curls up legs and cries excessively

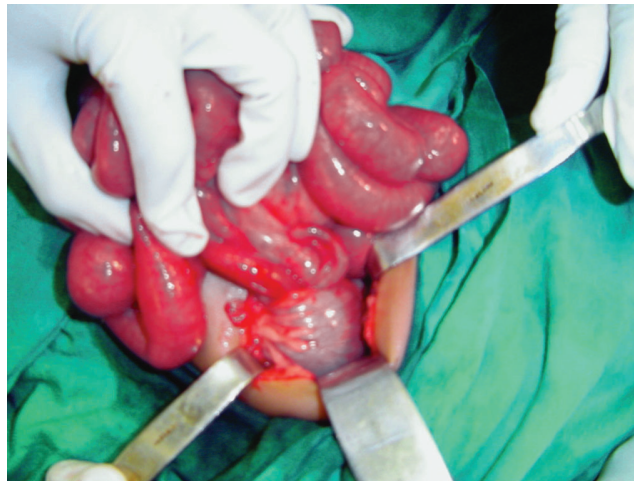


Fig. 3.6. Small bowel invaginated into the colon (ileocolic intussusception)