"Make Me a Man"

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Introduction: Adequate virilization, masculine self-image and sexual function play a major role in psychological health of the normal male. Cryptorchidism may cause testicular insufficiency and hypogonadism. This case report highlights life-long consequences of delayed intervention in a patient with cryptorchidism.

Case Presentation: A 28 year old man presented to the clinic with complaints of bilateral absent testes and a small penile size. He had incomplete puberty and poor libido. He feels embarrassed at the penile size, on account of which he had left boarding school and avoids sexual relationships. He had surgeries at ages 2 and 5 years for removal of undescended testes.

General examination showed sparse facial hair. Body mass index was 31.69Kg/m², height of 1.81m arm span 212cm and upper to lower segment ratio 0.91. He had female pattern hair distribution, micropenis, hypoplastic scrotal sacs and no palpable testes.

Investigations showed elevated follicle stimulating 122.24 IU/L(1.0-19.0) and Luteinizing hormones 25.6IU/L(1.0-9.0), low testosterone 0.39nmol/L(9-35) and Karyotype 46XY. Diagnosis of hypergonadotrophic hypogonadism was made. He was counselled and eventually commenced on intramuscular Testosterone replacement and features of masculinization have started to appear (increased penile length and deepening of his voice.)

Discussion: Cryptorchidism is a common developmental anomaly in which there is failure of descent of one or both testes. Testicular failure leads to low testosterone levels, impaired spermatogenesis infertility and psychological stress. Abdominal testes have potential for malignancy.

Early orchidopexy is recommended. Testosterone replacement is the treatment option in hypergonadotrophic hypogonadism.

Conclusion: Cryptorchidism is a common anomaly. Early intervention is necessary to avoid lifelong consequences on normal puberty, sexual function and fertility.

Key words: Cryptorchidism, Hypogonadism, Testosterone Replacement.