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The challenges of bilateral undescended testes among married adults in Port Harcourt, Nigeria: Case series and literature review

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Abstract
Background: Bilateral undescended testis is rare in adult age, and increased risk of malignancy, torsion, and reduced fertility are known complications. This study reported cases of undescended testes and its attendant challenges among married adults.
Materials and Methods: A case series was conducted among married adult patients who presented with undescended testes from 2014 to 2024, using patients' records.
Case Presentations: Case 1: 33-year-old married businessman with bilateral undescended testes and infertility, who solved his problem by consenting with the wife to have intercourse with other men, and had 2 children. Case 2: 40-year-old man with bilateral undescended testes presented with a 10-year history of infertility. The first wife had left after 3 years of marriage upon discovery of the source of the infertility, he subsequently had another partner and desired a solution to his infertility, but was lost to follow-up after counselling. Case 3: 24-year-old male student with bilateral undescended testes, who was aware of the risk of infertility during marriage, was counselled and had bilateral orchidopexy. Case 4: 56-year-old man with bilateral undescended testes presented at the Emergency Department with groin pain and swelling following malignant transformation of the left undescended testis. He was unaware of his lack of potential to conceive, but had 3 children with a "stable" home.
Conclusion: Bilateral undescended testes in married adults is associated with considerable marital challenges. The scope of information disclosure during management is a moral burden that can be challenging for both the patients and the managing physicians.

Keywords: Bilateral undescended testes, married adults, social implications, Port Harcourt, Nigeria

Introduction
Undescended or maldescended testes are disease conditions that are often seen in children. It implies that the testicle did not reach the safe haven of the scrotum in its descent from the abdominal cavity to the scrotal sac. Although prenatal regulators of testicular descent are not very clearly understood, genetic, endocrine, and environmental factors have been reported to play significant roles in its occurrence [1-3]. Since increased risk of malignancy, torsion, and reduced fertility are known consequences of undescended testes [3-6], it is expected that this condition should have been diagnosed in the first six months of life and treatment completed by the first birthday or at most 18months [3, 7]. Occurrence in adults especially middle-age is therefore rare. In these patients, orchiectomy is performed in unilateral cases, and if preservation of androgenic function is desired testicular biopsy is performed [8]. There was a report in Portugal in 2014 of a 63-year-old male who presented with right-sided groin pain after strenuous work, and was subsequently diagnosed as incarcerated inguinal hernia with bilateral undescended testes for which orchiectomy and inguinal hernioplasty were done [9]. The details of marital status was however, not disclosed. There were other cases of adult undescended testes also documented.
In the African continent, maldescended perineal testis was reported in a 26 year old male in Mombasa, Kenya [10], and a similar one involving a 30year-old man in northern Tanzania [11]. In postmortem study in Lusaka, 1 out of 384 men was found to have undescended testes giving a point prevalence of 0.26%.[12] Other cases of undescended testes in Africa have been documented [13, 14]. In Nigeria, few cases of undescended testes in adults have been reported [15]. There was a case of torsion of intra-abdominal testis mimicking acute appendicitis that was seen in a 32 year-old man [16], and another - cryptorchidism as an aetiologic cause of infertility was reported [6], etc.

In Port Harcourt, undescended testes among adolescents and young adults of 15 to 32 years was reported in 2022 [17]. In this report, the testes were commonly found in the inguinal region and inguinal orchidopexy was commonly done. An earlier report in 2009 was that of a 38-year-old single male with bilateral undescended testes and renal agenesis [18]. However, two years earlier a mention of undescended testes was made among a spectrum of urologic procedures at the University of Port Harcourt, but the age of occurrence was not clearly defined [19]. Undescended testis is commonly seen in children and rarely so in adult age. This is partly why most health personnel who are not experienced would likely diagnose such presentations as cases of inguinal hernia [20]. However, part of the peculiarity of this medical problem is the apparent unawareness of the patient(s) on the "undescended nature" of the testes before the diagnosis, and the potential social harm that the full disclosure of his condition could have on family unity, especially for cases of bilateral undescended testes when the patient already has children identified as "his children". This study therefore aims to report cases of bilateral undescended testes among married adults over the last 12 years (2013-2024), hoping to stimulate discussions in the surgical family on the best way to manage such cases.

Case Presentations

Table 1: Summary four cases of bilateral undescended testes and the attendant challenges

Cases	Age of Patient (Years)	Educational Status	Marital Status	Number of Children	Symptoms and Duration (Months)	Social Concerns	Solution/Outcome /Legal Aspect
Case 1	33	Secondary	Married	2	Absence of both testes from birth, 5 years infertility	Infertility	Couple agreed for wife to get pregnant from other men
Case 2	40	Primary	Married	Nil	10 years infertility	Marital Disharmony/ Divorced	Divorced
Case 3	24	University Undergraduate	Not Married	Nil	Absence of both testes from birth, worried	Concerned about his ability to father a child in feature	Had orchidopexy, preparing for marriage
Case 4	56	Secondary	Married	3	Left Groin Pain of 1 month duration	Happily Married/	Husband unaware of problem, however, they have 3 children, "stable" home

Case 1: A 33-year-old businessman with secondary level of education who presented with 5 years of primary infertility. No previous groin or inguinal surgeries. Both testes have not been palpable from childhood. No history of use of recreational drugs or anabolic steroids. He had normal erection, and none of his partners had ever been pregnant prior to marriage. He was married to a 27-year-old trader with secondary level of education. The man agreed that his wife should have sexual intercourse with other men, and they had 2 children. The fathers (men outside the marriage) of the children were not aware of this plan. Examination revealed an adult male with secondary sexual characteristics. There was normal adult penis, and the scrotum was empty. Seminal fluid analysis revealed Azoospermia. The patient presented to the hospital to know if there was a way he could father children. Ultrasound scan could not locate the testis, and he did not have the funds for surgery for his condition.

Case 2: A 40-year-old man who presented with a 10-year history of infertility. Both of his testes have been absent since birth. He had normal erection, no previous groin surgeries, and history of recreational drugs usage. He was married to a 35-year-old business woman, and they both had primary level of education. His wife left him after 3 years of marriage because she was convinced their infertility was from her husband. Physical examination revealed an adult male with male secondary sexual characteristics; and the scrotum was empty. He had done series of seminal fluid analyses that showed azoospermia. He subsequently had another partner and wanted a solution to the infertility. He was counselled for orchidopexy and assisted reproduction, but was lost to follow up.

Case 3: A 24-year-old male student of a Nigerian tertiary institution, who presented with absence of both testicles from childhood. The parents had noted that his testes were absent as a child, and they were counselled for surgery but the surgery was not done for financial reasons. He had presented to the hospital in adult life because he had raised the money for surgery. The left testis was hypoplastic and at the internal inguinal ring. The right testis was not palpable. Seminal fluid analysis revealed azoospermia, and he was counselled that orchidopexy will not improve his seminal fluid parameters but aid early detection of testicular cancer. He had bilateral orchidopexy, the right testis was located deep to the internal inguinal ring.

Case 4: 56-year-old business man with secondary, who presented to the Accident and Emergency Department with complaints of left-sided groin pain and swelling of a month duration, which had increased in severity over time to warrant emergency admission. He was married with 3 children, and had presented to the hospital in the company of his wife and three children - an infant, an under-five and an eight-year-old. He was never informed by the parents about any problem with his male sex organs, and had never been concerned about it either. He had been referred to the surgical team on call on account of suspected left inguinal hernia. Examination findings essentially was a tender firm swelling at the left groin; a normal adult penis; a triangular-shaped atrophic scrotum; and absence of both testes from the scrotal sac. The seminal fluid analysis revealed azoospermia, and he was counselled on further treatment, especially orchidectomy (left side) which he had.

Discussion

The distinction between male sexual potency and male fertility is often very blurred in most African society. Even the courts, traditional institutions, and religious organizations often do not pay detailed attention to certification of intending couples' reproductive organs in

medical examination. Semen analysis is also not included as a prerequisite during counselling before marriage. Medical examination of intending couples is often limited to laboratory tests like genotype, blood group, screening for Human Immunodeficiency Virus I &II, Hepatitis B surface Antigen, and Hepatitis C Virus; as was the case with some of the patients in this series. The issue of need for certificate of fitness as a requirement for marriage has been advocated in some societies [21, 22]. Traditionally Africans emphasize marriage before pregnancy, however, the "wisdom of modern generation" require the intending couples to show evidence of conception before marriage consummation as has been reported in some for a [23, 24]. Co-habitation, pregnancy, and then marriage is another concept that is experienced or practiced in some societies [25, 26]. However, it could be argued that this is apparently an indirect certification of promiscuity in society. Couples therefore end up knowing about their challenges within marriage, as seen in some of the cases presented in this series. This series of 4 cases of bilateral undescended testes in adult married couples brings to the fore these societal issues, highlighting the problems among couples.

A unique situation was presented involving a 33-year-old married businessman (Case 1) with bilateral undescended testes and infertility, who solved his problem by consenting with the wife to have sexual intercourse with other men, and they had 2 children. This scenario is similar to the female-female marriage or "female husband" marriage in Igbo land in Nigeria [27, 28], the only difference here being that the "husband" is a man. They were aware of their problem and their understanding seemed to have served their purpose as long as there was no disharmony or disagreements warranting disclosures someday on who the "true" or "real" fathers of the children are. Similarly, in case 3, the awareness of the 24-year-old male student with bilateral undescended testes and risk of infertility during marriage, had made him to seek for solutions, and hence likely to experience less anxiety that could have arisen from such turbulent marriage. On the other hand, a classic case of the complicated problems or challenges of infertile couple was in Case 2, involving the 40-year-old man who had bilateral undescended testes and 10 years of infertility, whose first wife had left after 3 years of marriage. He was initially unaware of his problem and hence did not have such discussion with the wife before marriage, hence ending in 10 years of infertility and divorce. He however, learnt some lessons and sought for possible solutions before securing another partner. From the foregoing, it appears therefore that awareness of the problem and the challenges expected affected the quality of potential expected stress and the outcome.

In the last case presented (Case 4), certain critical information stood out, that should evoke discussion in the professional and academic community: he had bilateral undescended testes - known for primary infertility; he had emergency admission for groin pain and swelling - most likely a complication of the undescended testis; it was initially diagnosed as inguinal hernia - implying low physician's awareness of a sinister condition; the patient was unaware of his being incapable of fathering a child with his condition since he could sustain erection; he had three children with a "stable" home - implying absence of worries; and he was a 56-year-old man - a critical age in African society when he had to be sure of who to carry on his lineage. The husband was apparently unaware of the state of affairs, while the wife appeared very restrictive and controlling, inquisitive about every move of the managing doctor with the husband. It bothers on the issue of paternity fraud which has been found to be very common in Nigeria due to societal pressures for child-bearing, among other factors [29, 32]. Two things are apparent in this patient: the treatment of the medical condition and the scope of disclosure during counselling to the husband. One would easily argue that the managing physician should concentrate on the treatment of the medical condition that brought the patient and de-emphasize unsolicited disclosure of sensitive information that has the potential to lead to marital disharmony. Another school of thought would be physician/surgeon's awareness of the potential for future medico-legal issues against him (the doctor) for silence or accusation of connivance with the wife to conceal such information from the man. It therefore calls for tact and discussions on the best way to handle such issues in the future.

Study Limitations: The opinions in this study emanates from the few cases in this series, a known limitation of this type of study. However, it has brought to the fore sensitive issues on premarital counselling deserving of attention and further studies.

Conclusion

Bilateral undescended testes in married adults are associated with primary infertility and considerable marital challenges. The cases presented have highlighted different shades of patient's/couple's responses to the same problem within a society that attached great importance to child-bearing in marriage. Its management and scope of information disclosure is a moral burden that can be challenging for both the patient and the managing physician.

Recommendation: It is the opinion of the authors, from the evidences highlighted in this case series, that medical certification of marital fitness should be part of the requirements that legal, traditional, or religious institutions that supervise marriages in the society should demand before certifying marriages. The issuance of medical certificate of marital fitness should only be at government certified centers to avoid abuses.

Other Information

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