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LETTER TO EDITOR

Transverse Testicular Ectopia with Persistent Mullerian Duct Syndrome: Presentation and Management

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Sir,

We appreciate the authors' contributions in the report titled *Hernia Uteri Inguinale: a Travesty of Nature* [1]. The authors described a case of transverse testicular ectopia (TTE) with persistent Mullerian duct syndrome (PMDS) in a 30-year-old male patient managed with resection the Mullerian structures and orchidopexy.

It is remarkable to note that an individual with just a single left-sided cryptorchid testis had a sperm count of 35 million/ml (normal range) and that the patient's fertility hormones were within normal limits. A 30-year cryptorchid testis is likely to have severe atrophy with minimal testosterone production and the resulting lack of feedback inhibition would cause an increased level of both follicle-stimulating and luteinizing hormones. We would be interested to know the authors' rationale for not performing a pre-operative or intra-operative testicular biopsy prior to opting for orchidopexy. Jeong et al. found that almost all patients in their cohort with bilateral testicular pathology were azoospermic [2]. The results of the testicular biopsy could have enabled identification of potential malignancy and may have changed management.

The authors discussed two anatomic variants of PMDS. There are, however, three clinical presentations of PMDS [3]:

1. Testes in anatomical position of ovaries with an empty inguinal sac
2. Hernia uteri inguinalis (as described by the authors) where one testes with its Mullerian attachment presents as an inguinal hernia
3. Transverse testicular ectopia with both testes herniating into a single processus vaginalis.

As the authors rightly pointed out, there is debate regarding optimal management of the primitive Mullerian structures [1, 3]. While there seems to be scant evidence of malignancy and routine removal is not advocated, the removal of these structures when presenting as a hernia uteri inguinalis may be attempted while preserving the blood supply to the vas. While the authors' efforts to preserve the testis are commendable, it is imperative to counsel these patients and schedule routine ultrasound follow-up to evaluate for testicular malignancy. Additionally, patients should be encouraged to perform regular self-examination of the testis over their entire life span. We congratulate the authors in shedding light on this gray area and promoting discussion on this rare surgical condition.

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