SURGICAL MANAGEMENT OF TESTICULAR HYPERPLASIA IN A CRYPTORCHID LABRADOR RETRIEVER

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ABSTRACT

A 6-year-old Labrador retriever was presented with subcutaneous inguinal mass increasing in size. On scrotal palpation, the dog was bilaterally cryptorchid. Ultrasonography revealed mixed echogenic enlarged testicle, while the other could not be visualized. The surgical removal of subcutaneous testicular mass was done with uneventful recovery.

Key words: Cryptorchid, Dog, Surgical management

INTRODUCTION

Cryptorchidism occurs most commonly in stallion, boar and some breed of dogs like Boxers, Pomeranians, Dachshunds, Sealyhams, Cairn Terriers (Noakes, 2009). Among cryptorchid dogs, unilateral cryptorchidism is more common with 1-7% incidence (Noakes *et al.,* 2009 and Sridevi, 2015). This condition followed by development of neoplasia is common in stallions and dogs. Other complication in response to raised intra-testicular temperature and endocrine disturbance is testicular degeneration (Noakes *et al.,* 2009). In dogs, the etiology of canine cryptorchidism may be heritable and linked to sex-limited autosomal recessive trait. Although, non-genetic factors such as relative size of testis and inguinal canal may also be involved (Sridevi, 2015).

CASE HISTORY AND OBSERVATIONS

A 6-year-old Labrador retriever was presented with subcutaneous mass increasing in size in the past 15-20 days. On scrotal palpation, the dog was bilaterally cryptorchid and ultrasonography (Mylab Delta, Esaote pvt ltd., India) revealed an enlarged testicle as large mixed echogenic and cavitated within subcutaneous tissue, while the other could not be visualized. (Fig. 1). The decision was taken to remove the enlarged testicle surgically.

TREATMENT AND DISCUSSION

The dog was fasted overnight and pre-medicated with Atropine sulphate @ 0.03 mg/kg b. wt. and Xylazine @ 1.0 mg/kg b. wt. intramuscularly. Following aseptic precautions and under intravenous anaesthesia (Ketamine @ 5mg/kg b. wt. and Midazolam @ 0.2 mg/kg b. wt.), the enlarged testicular mass was removed following standard surgical procedure (Kudnig and Seguin, 2012). A 4-4.5 cm incision was made over the mass at the right ventral abdominal region. The narrow end of the mass was directed towards the incision to facilitate dislodgement (Fig. 2). Blood vessels in thickened spermatic cord were ligated at the base of testicular mass using Vicryl 2-0 and the mass was resected and checked for any bleeding. The absorbable gelatin sponge was placed to minimize the existing dead space. Incision closure involved simple continuous suture for subcutaneous tissue using Vicryl 2-0, followed by simple interrupted sutures of skin using Ethilon 2-0. Ceftriaxone @ 25 mg/kg b. wt. for 5 days and Meloxicam @0.3 mg/kg b. wt. for 3 days were given. The recovery was uneventful and sutures were removed after 15 days.

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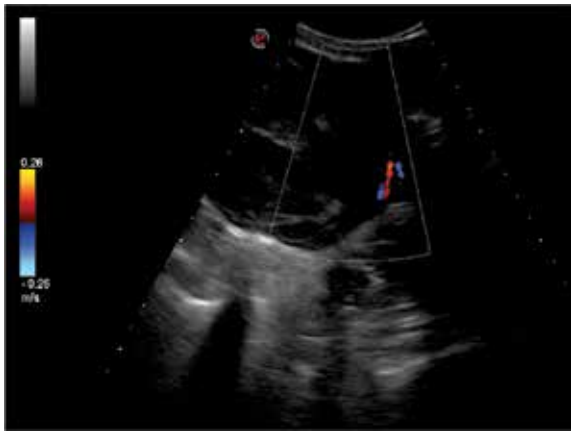

Fig. 1: Large mixed echogenic and cavitated testicle

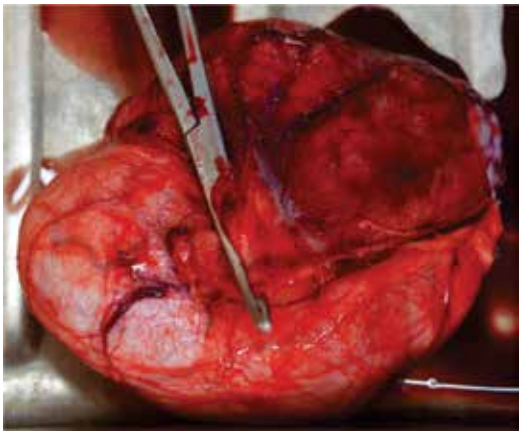

Fig. 2: Surgically removed intra-abdominal testicular mass

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