UNDESCENDED TESTICLE

30% of preterm babies

testicles that do not descend by 6 months
- Should be referred for evaluation and probable surgery
- If bilateral, non palpable → evaluation for disorder of sexual differentiation

Exam: criss-cross legs → lean forward

Risks:
1. **Testicular Malignancy**: overall risk 2.75 to 8
   - Orchiopexy after 12 → 2-6% risk
   - before 12 → ↓risk 2-3x
   - If non-surgically corrected → Seminoma
   - If surgically corrected → non seminomatous
2. **Fertility**

PHIMOSIS

Physiologic	VS.	Pathologic
• due to naturally occurring adhesions btwn prepuce and glans • Smegma is epithelial debris and forms a white, cheesy substance that accumulates under foreskin • foreskin should completely retract by age three		• Persistant adhesions that don't release by age three • may see ballooning of the foreskin w/ UTI, urination, balanitis Treatment: 6 days of Betamethasone • break adhesions • Circumcision

HYPOSPADIAS

Urethral meatus located proximal to the mid glans on the ventral side of the penis

Risk factors: familial, twin, maternal nutrition, Paternal fertility
- Severe → androgen defects

Physical Exam: absence of ventral foreskin and ventrally located proximal meatus
- Testicular exam: Concern for disorder of Sexual differentiation IF:
  1. Unilateral, nonpalpable AND hypospadias
  2. bilateral undescended
  3. Scrotal or perineal hypospadias

Management: DO NOT CIRCUMSIZE → urology
Surgical correction ~6-12 months

VOIDING DYSFUNCTION

Symptoms: void >8x day or <3x, incontinence, urgency, weak stream, spraying, dysuria

Treatment: behavior modifications →
- Pharmacologic
- Pelvic floor physiotherapy
- neuromodulation

NOCTURNAL ENURESIS involuntary release of urine during sleep in a child >5yr old
- Primary: has never been dry
- Secondary: nighttime wetting after 6 mo period of dryness
- Mono: no other LUTS / bladder dysfunction
- Non-mono: associated w/ LUTS

Causes:
- Polyuria: nighttime volume >130% max void. Disturbance of noctural vasopressin secretion
- arousal disorder: difficulty awakening to void
- noctural detrusor activation: ↓bladder capacity

Treatment: fluid behavior changes, alarms,
Pharmacologic - desmopressin (good for polyuria)
oxybutynin (detrusor, non-mono)
imipramine - TCA

UTIs

Presentation
- young - may not disclose
- older children - dysuria, incontinence, flank pain, changes in voiding

IF FEBRILE → pyelonephritis
- Presentation: fever >101.4°, flank tenderness, pyuria
  - neonates → fever ≥100.4°, irritability, poor feedback, failure to thrive, vomiting
- Management: age 2-24 months
  1. Renal/bladder Ultrasound after first febrile UTI
     - If abnormal OR develop second → VCUG voiding cystourethrogram