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TESTICULAR MICROLITHIASIS(TM) IN CHILDHOOD-MANAGEMENT. Gentimi Fotini, Manailoglou George, Chiotinis Christos

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Introduction:TM as a single finding is rare connected to malignancy in childhood.

Purpose :To present our experience in the last ten years (2010-2020) in the management of testicular microlithiasis in children.

Materials & Methods:From the year 2010-2020, 41 children referred to our department with TM. Their ages ranged from 1,5 yrs old to 16 yrs old. Among them 26 patients had unilateral and 15 bilateral microlithiasis. Twenty three of them had as underlying disease: hydrocele(2), cyst of spermatic cord(1), undescended testis(6) intraabdominal undescended testis(4), twisted cyst of morgagni(2), trauma(2), one with retractile testis and positive family history for cancer, varicocele(5) and for the rest 18 was an accidental finding.

Four patients in this age group referred to our department the same period with testicular cancer without microlithiasis.

Results:Yearly u/s follow up and testicular palpation (clinical examination) revealed no difference in the clinical picture and no cancer transformation until the age of 16.According to the public literature teenagers with testicular cancer and TM have a history of underlying disease and others did not have TM. It is very rare TM as a single finding to be transformed to cancer.

Conclusion: We propose for the children with TM as a single finding every two years follow up with u/s and clinical examination until puberty, after that age self examination.Those with TM and underlying pathology u/s every two years and clinical examination until puberty and after that age every year u/s always in connection with self palpation in order to prevent and manage on time possible transformation to cancer.