

# 迷你腹腔鏡使用於腹腔內隱辜症之治療：病例報告

## Minilaparoscopic Orchiopexy for Intra-abdominal Testis: A Case Report

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### 摘要

腹腔鏡辜丸固定術對於腹腔內隱辜症之診斷及治療用途已為臨床醫師認同。但傳統腹腔鏡器械（五或十毫米）相較於此類幼童病患之微小身軀，相對顯得侵入性高。現今迷你腹腔鏡已大富縮小其器械尺寸（二毫米），故而吾人嘗試將其運用於辜丸固定術中。一兩歲男童至門診就診，其自出生即發現左側隱辜症，曾於外院接受過荷爾蒙治療，但無臨床療效。超音波檢發現是一腹腔內辜丸，位於鼠蹊內環之內。吾人使用迷你腹腔鏡為此病患施行辜丸固定術，手術施行順利，病患恢復良好，於翌日出院。術後追蹤兩個月，狀況平穩。由此次手術經驗發現，迷你腹腔鏡對於此類小病人較不具侵入危險性，且視野清晰，器械穩定性足夠。吾人以爲迷你腹腔鏡辜丸固定術對於幼童病患是另一種方法之治療。

### Abstract

Recently laparoscopic orchiopexy has been accepted as an appealing diagnostic and therapeutic procedure for clinically impalpable testes. Due to the small stature of infant patients, the 5- or 10-mm trocar is relatively invasive compared with their body size. The application of a minilaparoscope (2mm) to perform orchiopexy is thus encouraged. A 2 -yr - old boy, with left impalpable testis noted since birth, was sent to our OPD by his parents after receiving pharmacological stimulation with human chorionic gonadotropin (HCG). The result of ultrasound revealed an intra-abdominal testis located above the internal ring. Orchiopexy with minilaparoscopy was performed by a supraumbilical incision for inserting a minichiopepy with minilaparoscopy was performed by a supraumbilical incision for inserting a minitrocal (2mm), and another two 2-mm accessory working ports were placed at the midpoint between the umbilicus and anterior superior iliac spine. An intra-abdominal testis located above the internal ring was noted. Using minilaparoscopic instruments to mobilize the testis and the spermatic cord, the testis was totally freed for 10 cm with attached vas deferens. A 1.5-cm transverse incision in the inguinal skin fold was made at the external ring to extract the testis and to perform orchiopexy. The postoperative course was smooth, and the patient was discharged the next day. After a follow up of 2 mo, his condition was excellent good. It appears minilaparoscopic orchiopexy is a feasible and

appealing minimally invasive surgical technique to treat an impalpable testis. In our experience, minilaparoscopy is likely to be entirely adequate for laparoscopic orchiopexy with its advantage of minimal invasiveness for infant patient