NGN NCLEX · 2026 | PEDIATRIC NURSING SERIES | VOL. 07 · GU SYSTEM | HIGH-YIELD REVIEW · SINGLE-PAGE

Cryptorchidism *vs.* Retractile Testes

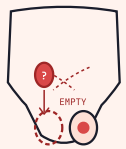
PEDIATRIC GU ASSESSMENT

One is a surgical diagnosis. The other is a reassuring finding. Know the difference — your answer depends on it.

PATHOLOGIC · NEEDS REFERRAL

Cryptorchidism

/krip-TOR-ki-diz-um/ "hidden testis"



UNDESCENDED

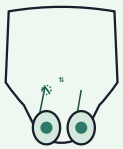
Failure of one or both testes to descend into the scrotum by birth. Testis is in the **abdomen or inguinal canal** — or absent entirely. Scrotum appears **small, empty, or hypoplastic** on the affected side.

→ Will NOT descend with gentle manipulation.

NORMAL VARIANT · REASSURE

Retractile Testes

/ri-TRAK-til/ "pulls back, returns"



DESCENDS WITH WARMTH

Testis temporarily retracts into the inguinal canal due to an **overactive cremasteric reflex** (cold, fear, touch). Fully descended at rest; scrotum is **normal size**.

→ CAN be gently milked down — and stays briefly.

01 Side-by-Side Clinical Comparison

FEATURE	CRYPTORCHIDISM	RETRACTILE TESTES
NATURE	**Pathologic** Developmental defect; requires treatment	**Normal Variant** Physiologic; no treatment needed

FEATURE	CRYPTORCHIDISM	RETRACTILE TESTES
SCROTAL EXAM	**Empty / Underdeveloped** Hypoplastic hemiscrotum on affected side	**Normal Appearance** Rugae, size, and pigmentation normal
PALPATION	**Cannot be pulled down** Testis is absent from scrotum or stuck in canal	**Can be milked down** Stays briefly in scrotum before retracting
CREMASTERIC REFLEX	**Not the cause** Structural failure of descent	**Hyperactive** Strongest age 4–7 yrs; fades at puberty
RESOLUTION	**Requires orchiopexy** Refer if not descended by 6 months	**Self-resolves** Descends permanently by puberty
FERTILITY RISK	**↑ Infertility** Especially if bilateral & untreated past age 2	**No risk** Normal spermatogenesis expected
CANCER RISK	**↑ 4–10× Testicular CA** Risk persists even after surgical repair	**Baseline** No increased malignancy risk
NURSING PRIORITY	**Refer & prep for surgery** Parent education + post-op care	**Reassurance & follow-up** Annual well-child monitoring

02 The Bedside Exam — How to Tell Them Apart

The Warm-Hands Technique

01 **Warm the room & your hands** — cold triggers the cremasteric reflex and gives a false "undescended" reading.

02 Position child **sitting cross-legged (froglike)** or supine with knees flexed to relax cremaster.

03 Start at the **anterior superior iliac spine**, sweep fingers along the inguinal canal **toward the scrotum**.

04 "Milk" the testis downward with the other hand into the scrotal sac.

05 **Retractile:** stays in scrotum briefly. **Cryptorchid:**

The Cremasteric Reflex

Stroke the **inner thigh** → testis on the same side lifts upward. This is *normal* — it protects the testis from cold and trauma.

It peaks between ages **4 and 7 years**, which is exactly when retractile testes are most confusing on exam.

PRO TIP

A **warm bath** or a **tailor-sit position** relaxes the cremaster. If both testes drop into the scrotum during a bath, you're dealing with retractile — not cryptorchid.

cannot be brought down at all.

03 Nursing Priorities & Plan of Care

Cryptorchidism — SURGICAL

- **0–6 months:** observe; ~70 % descend spontaneously.
- **By 6 months:** refer to pediatric urology if still undescended.
- **6–18 months: Orchiopexy** — ideally before age 2 to preserve fertility.
- Pre-op: NPO status, baseline vitals, parental consent & teaching.
- Post-op: monitor bleeding, swelling, pain; **no straddle toys × 2 weeks**.
- Lifelong **testicular self-exam** teaching starting adolescence.

Retractile Testes — REASSURE

- **No surgery, no hormones** — this is physiologic.
- Document location each visit; confirm descent with warm hands.
- Parent teaching: testes "come and go" with temperature/emotion — normal.
- Follow up **annually** at well-child visits through puberty.
- ~ 30 % may **ascend** over time (acquired cryptorchidism) — re-exam each year.
- Begin **TSE teaching** in adolescence like any healthy male.

⚠ Complications of Untreated Cryptorchidism — Why Timing Matters

4–10×	**↑↑**	**10×**	**90%**
CANCER RISK	INFERTILITY	TORSION RISK	INGUINAL HERNIA
Testicular germ-cell malignancy, even post-orchiopexy.	Especially bilateral; heat damage to spermatogonia.	Abnormal anatomy → higher risk of twisting.	Patent processus vaginalis coexists.

04 NCLEX Focus & Memory Hooks

MEMORY HOOK

CRYPTO = "hidden" (like cryptocurrency — *can't find it*). RETRACTILE = "retracts & returns" — *comes back home.*

Next-Gen NCLEX Cues

RECOGNIZE · ANALYZE · PRIORITIZE

> *"Empty scrotum, child is 8 months..."*

The 6-Month Rule: A testis that has not descended by ***6 months of age*** will not descend on its own. Refer for surgery.

The 2-Year Rule: Orchiopexy is performed ***before age 2*** to preserve fertility and reduce cancer risk.

Warm = Truth: A warm bath reveals the real diagnosis — retractile testes drop, cryptorchid testes don't.

► Cryptorchidism — refer for orchiopexy

"Testis drops during bath, age 5..."

► Retractile — reassure parents

"Most important teaching post-orchiopexy..."

► TSE monthly in adolescence

"Priority assessment finding at birth..."

► Palpate scrotum for both testes

PARENT TEACHING

After Orchiopexy

"Send them home safe."

- ☐ **Ice & elevate** scrotum for 24–48 hrs to reduce swelling.
- ☐ **No straddle toys** (tricycles, rocking horses) × 2 weeks.
- ☐ Report **fever, redness, drainage, or increasing pain**.
- ☐ **Sponge baths** only × 2–3 days; no tub baths until cleared.
- ☐ **Loose diapers/clothing** to avoid pressure on the incision.
- ☐ Attend **follow-up** to confirm testis remains in scrotum.