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Andrological prevention in paediatric age: Proposal of a new model

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Andrological disorders in paediatric age are important: they may cause serious repercussions on normal fecundity and sometimes ease cancer outbreak if not properly and adequately treated. Andrological disorders in paediatric age are: frequently observed disorders; less frequently observed disorders and; rare observed disorders. Frequently observed disorders are cryptorchidism, left-sided varicocele, communicating hydrocele and funicular cyst, inguinal hernia, phimosis and hypospadias. Less frequently observed disorders are epididymitis, testicular torsion, microlithiasis, Leydig cells hyperplasia and gynecomastia. Rare observed disorders are gonadal cancer, hypogonadism and ambiguous genitalia. The first cause of male infertility is left-sided varicocele; the second is cryptorchidism. Prevention plays a fundamental role: if these disorders are diagnosed and treated precociously, the risk of infertility is considerably reduced. The authors suggest a new prevention model based on an andrological form to be included in the periodical medical examination by the family paediatrician. If the paediatrician detects an andrological disorder during periodical checks, he/she should refer the patient to the paediatric andrologist or paediatric surgeon. The andrological form consists of 11 sections to be filled by the family paediatrician (postnatal, at 6 months, at 1, 5, 10, 11, 12, 13 years and at the age of 14 for the last andrological checks before addressing the patient to the general doctor). The first section consists of the patient's records, weight and height included; second: patient's pubertal development; third: testicular volume according to Prader; fourth: testicular position; fifth section: the presence of varicocele; sixth: penis disorders (phimosis, hypospadias, balano-preputial adhesions); seventh: gynecomastia (mono or bilateral and level); eighth: occurrence of other associated genito-urinary disorders; ninth: previous andrological surgery interventions; tenth: previous medical therapies and; eleventh: sport practicing. The andrological form should be filled at the following ages: 6 months (testicular position, hypospadias, peritoneo-vaginal duct disorders); 1 year old (testicular position, hypospadias, peritoneo-vaginal duct disorders); 5 years old (phimosis, balano-preputial adhesions, peritoneo-vaginal duct disorders); 10 years old (pubertal development, left-sided varicocele, gynecomastia); at 11, 12, 13 and 14 years old (left-sided varicocele, pubertal development, gynecomastia). The periodic compilation of the andrological form, therefore, allows a precocious identification and treatment of these disorders and male infertility prevention.

Biography

Matteo Sulpasso graduated in Medicine and Surgery from the University of Verona in 1984, where he also obtained his authorization to practice. In 1989 he specialized in Paediatric Surgery at the University of Verona with highest grade and cum laude. In 1995 he specialized in General Surgery at the University of Verona with highest grade and cum laude. Since 1st April 2001 he has been working at the Pederzoli Hospital in Peschiera del Garda (Verona, Italy) as the Head of the Paediatric Surgery Unit. In October 1997 he attended the Laparoscopy Surgery Unit at the Paediatric Surgery Clinic of the University of Madrid (Spain). From 1996 to 2001 he was the Head of the Paediatric Surgery Consultancy Service at the Paediatric Division of Borgo Trento Hospital in Verona. In September 1990 he won the competition as Assisting Doctor at the Paediatric Surgery Clinic of the University of Verona, where he worked until March 2001. In April 1990 he won the competition as Resident Doctor in Paediatric Surgery at the University of Verona. In 1988 he was appointed as Doctor Assistant at the Paediatric Surgery Clinic of the University of Marseilles (France). From 1984 to 1990 he was Visiting Doctor of the Paediatric Surgery Unit at the University of Verona.

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