Andrology-Open Access
ISSN: 2167-0250
OPEN ACCESS Freely available online
Commentary

Testicular Retraction and Cremaster Muscle Thickness

Parviz Kavoussi*

Department of Reproductive Urology, Austin Fertility and Reproductive Medicine, Texas, USA

DESCRIPTION

One of the most common complaints that patients present to the urology clinic for is testicular pain. Testicular pain is a notoriously challenging entity to find a specific etiology for or a directed treatment option for in many cases. Although thorough evaluations including a focused physical examination, laboratory testing, and imaging studies are commonly employed to try to elicit the etiology of scrotal pain, a thorough history is often just as if not more important for a subset of these patients. Men with orchialgia due to a severely retractile testicle can be diagnosed primarily based on history alone if the physician asks the correct questions. With the advent and implementation of the Microsurgical Subinguinal Cremaster Muscle Release (MSCMR) men now have a highly effective minimally invasive surgical option for cure of this uncomfortable and embarrassing ailment for men with hyperactive cremaster muscle reflexes. The majority of men that ultimately undergo MSCMR have seen in the order of 1-5 urologists prior to the surgical consultation and felt unsatisfied with options or lack of options. Many report they were told to "just live with it". Some men take matters into their own hands and go as far as using constriction bands around the testicles, especially at the time of sexual activity and go through very uncomfortable, embarrassing, and ineffective attempts to keep the testicles intrascrotally during sexual activity, heavy lifting, exercise, and in cold temperatures. This is clearly a suboptimal solution. Many men presenting for evaluation for MSCMR have paid large sums for repetitive scrotal botox treatments, which most find ineffective when the cremaster muscle is truly the culprit for retraction, and durability is an issue if they get any relief.

The question nearly all patients ask that remains unanswered is "why does this happen to me?" The recent study published comparing cremaster muscle thickness in men undergoing MSCMR for orchialgia due to testicular retraction as a result of a hyperactive cremaster muscle reflex, compared to the cremaster muscle thickness in men undergoing varicocele repair for infertility without orchialgia, as a control may be the first glimpse into the beginning of trying to answer this question. The study revealed that men with retraction had a mean 4-fold thicker cremaster muscle than their varicocele counterparts. The anatomic difference is an interesting finding and although anecdotally patients seem relieved to know there is an anatomic finding consistent with what they are experiencing, there are still many gaps in knowledge. In fact, the question of is the cremaster muscle thickness due to long periods of repetitive retraction resulting in hypertrophy of the muscle or is the hyperactive reflex a response in men with a hypertrophied cremaster muscle at baseline and why does this begin when it does, is unknown, the chicken or the egg so to speak. Although as clinicians we strive to be able to answer such questions for our patients, there is a level of reassurance in being able to offer patients a highly effective curative option for most men suffering from this ailment.

Correspondence to: Parviz Kavoussi, Department of Reproductive Urology, Austin Fertility and Reproductive Medicine, Texas, USA, E-mail: pkavoussi@hotmail.com

Received: 12-Sep-2023, Manuscript No. ANO-23-26788; **Editor assigned:** 15-Sep-2023, PreQC No. ANO-23-26788 (PQ); **Reviewed:** 29-Sep-2023, QC No. ANO-23- 26788; **Revised:** 06-Oct-2023, Manuscript No. ANO-23- 26788 (R); **Published:** 13-Oct-2023, DOI:10.35248/2167-0250.23.12.299

Citation: Kavoussi P (2023) Testicular Retraction and Cremaster Muscle Thickness. Andrology. 12:299.