from a single institute study from a longer time period, even though it would be possible to accumulate a larger number of cases.[6] From the results of our cases, we may infer that clamped enucleation via the transinguinal approach may confer satisfactory preservation of the testicular tissue, but also unclamped enucleation via the transscrotal approach can also be a choice for preoperatively diagnosed benign cystic tumors in infants. Fertility data in these children are awaited for validating the impact of testis-sparing surgery in future.

Conclusions

Unclamped enucleation of testicular tumor via the transscrotal approach, which is contraindicated in most testicular tumors, can be a treatment choice exclusively for preoperatively diagnosed mature cystic teratoma in infants.

Conflict of interest

The authors declare no conflict of interest. This retrospective study was approved by the Institutional Review Board of Hyogo College of Medicine (Study number 3048). This retrospective study was disclosed in institutional website, and patients and their guardians had chance to opt out from the study. Because of retrospective nature of the study, this study was not registered.

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Editorial Comment

Editorial comment to Preservation of testicular tissue after enucleation of pediatric mature teratoma: A case series of 7 testes in 6 children

Prepubertal testicular tumors (PTT) differ from those of postpubertal males in that benign lesions are more common. Testis-sparing surgery should be considered if preoperative evaluation, including alpha-fetoprotein (AFP) levels and ultrasonographic findings, suggests benign PTT with salvageable normal testicular parenchyma.[1]

There have been only a few reports about the ultrasonographic evaluation of testicular volume after testis-sparing surgery.[2,3] Kanematsu *et al*. evaluated the affected testicular volume by ultrasonography with a minimum 3-year follow-up and showed a residual testicular volume of >60% of the contralateral testicular volume.[4] The authors should be congratulated on their work with a longer follow-up than that in the previous studies.

In addition, the authors concluded that transscrotal enucleation of the tumor without clamping the spermatic cord can be preferable for preoperatively diagnosed benign testicular tumors in infants.[4] As I stated above, preoperative evaluation of AFP levels and ultrasonographic findings is particularly important. However, AFP levels in infants must be interpreted with caution because of its physiologically persistent elevation in children younger than 1 year of age. When we evaluate AFP levels in infants, the age-specific normal range reported by Tsuchida *et al*. may be helpful.[5]

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The author declares no conflict of interest.

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