Hypogonadism is defined as deficient or absent male gonadal function that results in insufficient testosterone secretion.

It affects an estimated 4 to 5 million men in the United States. Although it may occur in men at any age and has many causes, it warrants a thorough physical exam.

A 46-year-old Brazilian immigrant male with a past medical history of anxiety, depression, HIV, obstructive sleep apnea, obesity, and hyperlipidemia, presented with weakness and difficulty climbing stairs.

He was evaluated for similar symptoms approximately 6 months ago and symptoms improved after a short course of AndroGel.

He was initially diagnosed with hypogonadism in 2018, however he failed to see endocrinology as suggested and has since only been prescribe AndroGel intermittently.

Physical exam revealed a small right testis approximately 5 mm in size. No palpable testes on the left. Patient was unsure of how long his testes had presented this way but noted it had been multiple years.

**Labs**

<table>
<thead>
<tr>
<th>Test</th>
<th>Initial</th>
<th>Repeat</th>
<th>Normal Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free Testosterone</td>
<td>8 pg/mL</td>
<td>0.4 pg/mL</td>
<td>35 - 155 pg/mL</td>
</tr>
<tr>
<td>Total Testosterone</td>
<td>46 ng/dL</td>
<td>2 ng/dL</td>
<td>250 - 1100 ng/dL</td>
</tr>
<tr>
<td>Prolactin</td>
<td>-</td>
<td>18.7 ng/mL</td>
<td>2 - 18 ng/mL</td>
</tr>
<tr>
<td>LH</td>
<td>-</td>
<td>&lt;0.2 mIU/mL</td>
<td>1.5 - 9.3 mIU/mL</td>
</tr>
<tr>
<td>FSH</td>
<td>-</td>
<td>1.9 mIU/mL</td>
<td>1.6 - 8.0 mIU/mL</td>
</tr>
</tbody>
</table>

Ultrasound revealed a right testicle measuring 2.8 cm and left testicle measuring 2.9 cm in their respective inguinal canals. Both testes were small and symmetric with no mass or abnormality. No hydrocele or varicocele was noted. Color and spectral Doppler analysis showed normal arterial and venous flow.

Image 5:

Comparison with CT pelvis in 2019 did not show any testes in the inguinal canal.

Of note, MRI brain from 2016 was normal. No pituitary tumor was visualized.

**Discussion**

This case demonstrates the value of performing a thorough exam during evaluation of male hypogonadism.

Undescended testes are typically diagnosed in children, however ascending testes may present with similar physical findings.

The diagnosis of undescended testes vs. ascending testes is unclear in this patient.

Although imaging from 2019 did not reveal any testes in the inguinal canal, the patient’s self-reported physical attributes have been present for several years. This illustrates the need for genital exams in young male patients.

**References**
