of testicular germ cell tumours (Ferguson and Agoulnik, 2013). Subfertility may be an issue for these patients and thus semen analysis and/or sperm banking should be performed before orchidectomy (Ferguson and Agoulnik, 2013). **BJHM**

Docimo SG, Silver RI, Cromie W. The undescended testicle: diagnosis and management. Am Fam Physician. 2000 Nov 1;62(9):2037–2048.

Ferguson L, Agoulnik AI. Testicular cancer and cryptorchidism. Front Endocrinol (Lausanne). 2013 Mar 20;4:32. https://doi.org/10.3389/fendo.2013.00032

Hassan KE, Chui P. Acute suppurative epididymitis in an intra-abdominal testis. Br J Urol. 1985 Apr;57(2):244–245. https://doi.org/10.1111/j.1464-410X.1985.tb06440.x

Kassir R, Dubois J, Berremila SA, Baccot S, Boueil-Bourlier A, Tiffet O. A rare variant of inguinal hernia: cryptorchid testis at the age of 50 years. Etiopathogenicity, prognosis and management. Int J Surg Case Rep. 2014;5(7):416–418. https://doi.org/10.1016/j.ijscr.2014.03.015

Katz ME, Glazer HS, Menon M. Groin pain and swelling in a unilaterally cryptorchid adult. Urol Radiol. 1983;5(4):275–278.

Kogan BA, Gupta R, Juenemann K. Fertility in cryptorchidism: further development of an experimental model. J Urol. 1987 Jan;137(1):128–131. https://doi.org/10.1016/S0022-5347(17)43903-6

Overstall S, Cunnick GH, Raja J. Acute epididymo-orchitis in an undescended testicle. Int J Clin Pract. 2004 Oct;58(10):985–987. https://doi.org/10.1111/j.1742-1241.2004.00112.x

Pinczowski D, McLaughlin JK, Läckgren G, Adami HO, Persson I. Occurrence of testicular cancer in patients operated on for cryptorchidism and inguinal hernia. J Urol. 1991 Nov;146(5):1291–1294. https://doi.org/10.1016/S0022-5347(17)38071-0

Sijstermans K, Hack WW, Meijer RW, van der Voort-Doedens LM. The frequency of undescended testis from birth to adulthood: a review. Int J Androl. 2008 Feb;31(1):1–11. https://doi.org/10.1111/j.1365-2605.2007.00770.x

LEARNING POINTS

- Cryptorchid testis is a rare finding in adults, which may cause infertility.
- A scrotal examination should be conducted in patients presenting with an inguinal lump to investigate for cryptorchidism.
- Orchidopexy should be performed in patients with cryptorchid testis owing to the elevated risk of testicular germ cell tumours.
- Orchidopexy for cryptorchid testis should ideally be performed in children to reduce the risk of testicular germ cell tumours.

Tiwari P, Pal DK, Biswas BK, Vijay M. Tuberculous epididymo-orchitis in an undescended testis. Indian J Tuberc. 2010 Jul;57(3):165–167.

Isolated distal rectus femoris rupture

The quadriceps muscle consists of the rectus femoris, vastus lateralis, intermedius and medialis. The main function of the quadriceps is knee extension. Isolated tendon rupture of a single component of the quadriceps is rarely seen or reported in the literature (Kannus and Józsa, 1991; Yepes et al, 2008).

This article presents the magnetic resonance imaging of an isolated distal rectus femoris tendon rupture in a 72-year-old fit and well avid walking-footballer who presented with a lump in the anterior aspect of the proximal thigh following a fall 4 weeks earlier. His extensor mechanism was intact. Magnetic resonance imaging with contrast (*Figure 1*) confirmed a full-thickness tear of the distal rectus femoris tendon with retraction into the upper thigh and a 14 cm gap where it had retracted from the superior pole of the patella. There was also some peripheral enhancement of surrounding haematoma.

The patient was managed expectantly as his extensor mechanism was intact and he subsequently returned to walking-football. Isolated distal rectus femoris rupture is very rare and can be managed conservatively if the extensor mechanism is intact (Ilan et al, 2003). **BJHM**

Mr Hosam E Matar, Specialty Registrar in Trauma and Orthopaedics, Department of Trauma and Orthopaedic Surgery, Warrington Hospital, Warrington WA5 1QG

Mr Rajiv Sanger, Consultant in Trauma and Orthopaedics, Department of Trauma and Orthopaedic Surgery, Warrington Hospital, Warrington

Correspondence to: Mr HE Matar (hematar@doctors.org.uk)

Ilan DI, Tejwani N, Keschner M, Leibman M. Quadriceps tendon rupture. J Am Acad Orthop Surg. 2003 May;11(3):192–200. https://doi.org/10.5435/00124635-200305000-00006

Kannus P, Józsa L. Histopathological changes preceding spontaneous rupture of a tendon. A controlled study of 891 patients. J Bone Joint Surg. 1991 Dec;73(10):1507–1525. https://doi.org/10.2106/00004623-199173100-00009

Yepes H, Tang M, Morris SF, Stanish WD. Relationship between hypovascular zones and patterns of ruptures of the quadriceps tendon. J Bone Joint Surg Am. 2008 Oct;90(10):2135–2141. https://doi.org/10.2106/JBJS.G.01200

Figure 1. Magnetic resonance imaging of the right thigh demonstrating distal rectus femoris tendon rupture. a. Sagittal image with contrast demonstrating proximal retraction of the rectus muscle to the proximal thigh. **b.** Coronal image with high signal in the muscle and peripheral haematoma enhancement. **c.** Axial image with high signal indicating the site of rupture (arrow) with intact remaining muscle components of the quadriceps.