

things—than originally expected. In the context of expected fertility, epididymal-testicular dissociation also plays a part. In cases of severe dissociation, sterility is highly likely (2).

Becker is certainly right in saying that retractile (hypermobile) testicles are often misdiagnosed as sliding testicles requiring surgery. Vice versa, the same is bound to be true. Sliding testicles requiring surgery are often misdiagnosed as retractile testicles that do not need treatment. Again, this just emphasizes the urgent need for collaboration of colleagues from different specialties and disciplines.

Unquestionably, substantial surgical experience and skill is required to operate on patients with cryptorchidism. In this regard, the results should be monitored internally as well as externally.

I cannot but agree with Städtler's comments, especially his skepticism regarding hormone therapy. Histological findings of inflammation and increased apoptosis in children who were given HCG after their first birthday have resulted in a general rejection of hormone treatment in other countries (3, 4). However, because of methodological weaknesses in these studies, the current S2 guideline on cryptorchidism recommends hormone therapy during the first year of life

only, since this seems to benefit the maturation of the germ cell epithelium.

DOI: 10.3238/arztebl.2010.0073c

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Conflict of interest statement

The authors of all contributions declare that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.

Erratum

In the clinical practice guideline “Colorectal Carcinoma,” by Wolff Schmiegel and colleagues, which appeared in *Deutsches Ärzteblatt International* on 21 December 2009 (Issue 51–52), there was an error in the left column of *Table 1*. The two entries “Age < 70” and “Age > 70” should both have read, “Age > 70.”

Erratum

Professor Schmiegel, Dr. Pox, and Professor Rödel, three of the authors of the clinical practice guideline “Colorectal Carcinoma,” which appeared in *Deutsches Ärzteblatt International* on 21 December 2009 (issue 51–52), have corrected their Conflict of Interest Statement, as follows:

Professor Schmiegel has received lecture honoraria from the Merck, Roche, Abbott, Amgen, Astra-Zeneca, Pfizer, and Falk companies. He has also received reimbursement of travel expenses from the Roche, Merck, and Astra-Zeneca companies and has served as a paid consultant to the Roche, Amgen, and Astra-Zeneca companies.

Dr. Pox has received lecture honoraria from the Falk, Astra-Zeneca, and Hitachi companies and reimbursement of travel expenses from Roche.

Professor Rödel has received lecture honoraria from the Roche and Sanofi-Aventis companies and support for research projects from Merck.