

# Prostatic Cyst (A Case Report)

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## Abstract

We are reporting an uncommon case which we faced in Jordan University Hospital.

Prostatic cysts are one of the uncommon congenital disorders, and only a few cases have been reported. This lesion actually includes two different entities on the embryological development basis, the enlarged prostatic utricle and the cystic remnants of the müllerian ducts<sup>(1)</sup>.

**Keywords:** Cyst, prostatic utricle, müllerian duct.

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## Introduction

Prostatic cysts are usually small. They are associated with benign prostatic hyperplasia (BPH) and are not uncommonly seen on transrectal ultrasound scan as an incidental finding. These cystic lesions are thought to represent a combination of obstruction of the prostatic ducts as well as atrophy, both of which are factors present in BPH.<sup>(2)</sup> The prostatic utricle is derived from the fused ends of the müllerian duct and is the homologue of the uterus and upper vagina<sup>(3)</sup>The cephalic aspect of the müllerian system persists as the appendix testis and the caudal aspect as the prostatic utricle<sup>(4)</sup>.

Cystic lesions in the male pelvis have been considered a relatively rare disorder. They are classified according to their location as midline or off-midline, their position relative to the prostate gland, and their embryologic origin studies reported an approximately 1% incidence of congenital prostatic cysts at autopsy.<sup>(5)</sup>

It has been reported that medial prostatic cysts may be observed in 5% of outpatients with urologic symptoms. The incidence in apparently healthy men is, however, unknown.<sup>(6)</sup>

Midline prostatic cysts are more common than previously described and are found in 7.6% of asymptomatic men. The first major study of the incidence of congenital prostatic cysts was performed by Moore in 1937 Moore found cysts at autopsy in seven of 678 cases. The incidence of approximately 1% continues to be the standard quoted Figure (5). In 1985 in Japan, Kitahara et al. performed endorectal sonography on 660 patients who complained of dysuria, and they found cystic lesions on the midline in the posterior upper region of the prostate in seven patients (1.1%). In 1990, Higashi et al. performed transabdominal sonography on 624 patients referred to the department of radiology and found midline cystic lesions in seven patients (1.0%), which is consistent with the reported values of 1% by Slocum in 1954 However, in 1996 Dik et al. examined 704 patients with symptoms of

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bladder outlet obstruction or lower urinary tract symptoms using transrectal sonography and reported 34 (5%) with a medial prostatic cyst. This incidence of 5% was found in a study of symptomatic patients; however, to our knowledge, the incidence in healthy men has not been previously reported.

### Patient Report

our patient is 35 -year -old male patient not known previously to have any chronic medical illnesses with negative surgical history, has been smoking since 1995 at average of one pack each day, married and has a daughter. Came to us suffering from one episode of gross haematuria associated with dysuria, and urgency, painful ejaculation, but not associated with loin pain.

His lab results (CBC) is normal, creatinin and blood urea nitrogen are normal. PSA (prostate specific antigen) is within normal range.

### CT UROGRAM: was done which showed

Well-defined cystic lesion measuring 2 cm is seen in the prostate suggestive of persistent Prostatic utricle.

Filling the injection of contrast medium, there is prompt and equal excretion from both sides.

There is no radiopaque calculus seen.

The kidneys are normal in position and size.

The perinephric regions are normal.

The pelvicalyceal systems are also normal.

The ureters are normal in caliber and course.

The urinary bladder is also normal.

**Impression: Cystic lesion in the prostate, utricle cyst.**

See the following cuts in different planes.



axial plane shows the cystic lesion in the center of the prostate



Sagittal plane also shows the same cystic lesion

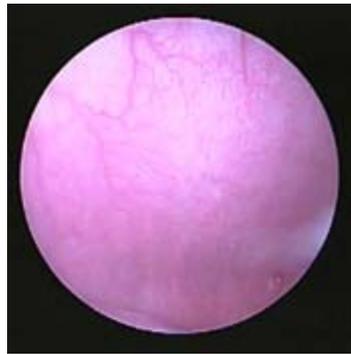


Coronal plane shows the cystic lesion

### Cystoscopy Findings

The patient had a cystoscopy under general anesthesia to rule out any suspicion of TCC

(transitional cell carcinoma) intraoperatively, finds were Hyperemic prostatic urethra, no abnormal urinary bladder growths or mucosal abnormalities.



Patient was treated by abroad spectrum Iv antibiotic Tienam 500mg four times daily to treat urinary tract infection as well as alpha blockade alfuzocin.

And was discharged from hospital on oral

antibiotic levofloxacin for two weeks.

He was completely asymptomatic and seen in the clinic for followup, the patient was in a good condition.

### References

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## كيسة البروستاتا (تقرير حالة)

بسام عماري<sup>1</sup>، غازي العدوان<sup>2</sup>، عبادة طرية<sup>3</sup>

- 1- استشاري جراحة المسالك البولية في مستشفى الجامعة الأردنية.
- 2- استشاري جراحة المسالك البولية في مستشفى الجامعة الأردنية.
- 3- مقيم جراحة المسالك البولية في مستشفى الجامعة الأردنية.

### الملخص

الإبلاغ عن الحالة غير المألوفة التي واجهتنا في مستشفى الجامعة الأردنية. كيسة البروستاتا هي واحدة من المشكلات الخلقية غير المألوفة، ولقد تم الإبلاغ عن حالات قليلة فقط. هذه الآفة تشمل في الواقع شيئين مختلفين على أساس التنمية الجنينية.

الكلمات الدالة: كيسة، البروستات، قناة مولريان.