BULBOUS URETHRAL CYST IN A MAN

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SUMMARY

We report a case of bulbous urethral cyst (Cowper's syringocele) in a twenty six year-old man. The patient was treated by endoscopic marsupialization of the cyst wall to the urethra without any complications. Post operatively the patient's obstructive voiding symptoms subsided dramatically, confirmed by objective uroflowmetric analysis. Detailed evaluation of obstructive voiding symptoms in young adults and children will increase the incidence of urethral cyst which is an extremely rare anomaly.

Key Words: Urethra, Cyst

INTRODUCTION

Bulbous urethral cyst is an extremely rare abnormality in men (1). Weinberger stated that the earliest recorded instances of urethral cysts thought to be of Cowper's gland duct origin were reported by Morgagni(2). Edling reported the radiographic appearances of 23 instances of Cowper's duct

cysts(3). Maizels and associates made an original classification of Cowper's duct anomalies seen in 8 boys(4).

CASE REPORT

A 26 year-old man who had obstructive voiding symptoms since infancy, was referred to our urodynamic unit.

Urine analysis was normal and urinary tract infection was absent. An excretory urogram demonstrated normal upper tracts. Uroflowmetric analysis showed obstructive voiding pattern with maximal flow rate of 10 ml/sec (Fig. 1). In urethroscopy we diagnosed a cystic mass in the ventral face of the bulbous urethra (Fig. 2). A voiding cysto-urethrogram revealed a 1 cm filling defect in the bulbous urethra (Fig.3). Marsupialization of the cyst wall by fulguration was performed with no complication.

Post operatively, obstructive voiding symptoms resolved completely. Uroflowmetric analysis two months later was normal (Fig. 4).

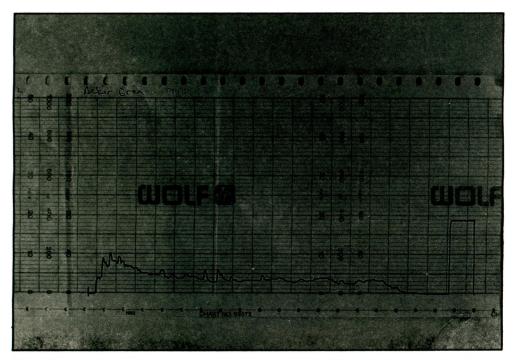


Fig 1. Pre-operative uroflowmetric analysis (max. flow rate: 10 ml/sec, voided volume: 380 ml)

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Fig 2. Cystic mass in the ventral face of bulbous urethra



Fig 3. Voiding cysto-urethrogram reveals a 1 cm filling defect in the bulbous urethra

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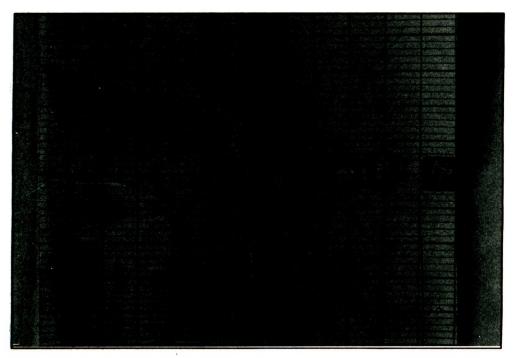


Fig 4. Post operative uroflowmetric analysis (max. flow rate: 21 ml/sec, voided volume: 320 ml)

DISCUSSION

Maizels and associates reviewed 8 boys with dilatation of the duct of Cowper's gland diagnosed during a period of six years. They coined the term "syringocele" to describe these cystic dilatations, and made an original classification (4). According to Maizels classification, our case is compatible with an "imperforate syringocele".

Suspected obstructive symptoms were confirmed by uroflowmetric analysis, which revealed an obstructive pattern. Cowper's syringocele was diagnosed by application of urethroscopy and demonstrated by a voiding cysto-urethrogram.

In children urethral cysts may lead to significant bladder outflow obstruction and even to perinatal deaths(5). In adults these lesions are often asymptomatic or cause mild obstructive symptoms. For this reason, as Weinberger indicated, the incidence of these cysts is greater than is presently believed (2).

Simple incision of the cyst is noncurative due to reaccumulation of the fluid. The definitive treatment is marsupialization of the cyst wall by fulguration(2).

Clear cut criteria for distinguishing congenital and acquired cysts in adults are lacking(2). In our case obstructive symptoms had been present since his childhood, therefore the possibility of the cyst to be congenital was strong.

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