Giant seminal vesicle cyst

Herein we report a rare case of a giant left seminal vesicle cyst in a 47-year-old man suffering of increased urinary frequency, nocturia, and progressively worsening constipation secondary to a direct rectum obstruction for several months. On digital rectal examination the prostate had a normal shape, and a large cystic mass behind the left seminal vesicle was detected. Transrectal US revealed a large 10 × 10 × 10 cm cystic pelvic mass displacing the bladder ventrally and the rectum dorsally. Computed tomography confirmed these findings (left image), no further abnormalities were detected. Magnetic resonance imaging revealed the cystic pelvic mass to originate from the left seminal vesicle (right image).

Cystic lesions of the male pelvis are common and often detected during clarification of urogenital diseases, especially since ultrasonography (US) became standard procedure in screening examinations [1]. Seminal vesicle cysts in contrast are rare and incidentally diagnosed in adults in the third to fifth decades of life because most patients remain asymptomatic. Most of them are congenital, a few are secondary to infections, surgical interventions or traumatic episodes. In nearly 75% of congenital cysts an association with renal dysplasia or agenesis and/or an ectopic ureter opening into the seminal vesicle has been reported. Seminal vesicle cysts are almost always located unilaterally, only one case of bilateral cysts has been published so far. Incidentally discovered asymptomatic seminal vesicle cysts should be monitored conservatively because they are almost always benign. However, there are anecdotal reports of primary malignancies arising from these cysts, one of them being a malignant mesonephric/ mesonephroid tumor [2].

Treatment is reserved for symptomatic cases. Conventional surgical intervention via lower midline incision and minimally invasive techniques such as laparoscopic excision or transurethral marsupialization were reported. Transrectal aspiration may transiently relieve symptoms but simple cyst drainage is associated with the risk of recurrence, return of symptoms and possible infection.

*Michael Mitterberger, Ferdinand Frauscher, Hannes Strasser, Ralf Herwig, Reinhard Peschel,
Georg Bartsch, and Germar-M. Pinggera*

References

1. Cherullo EE, Meraney AM, Bernstein LH, et al (2002) Laparoscopic management of congenital seminal vesicle cysts associated with ipsilateral renal agenesis. *J Urol* 167: 1263–1267
2. Hart JB (1961) A case of cyst or hydrops of the seminal vesicle. *J Urol* 86: 137

Key words: Seminal vesicle cyst, giant cyst, obstipation, MRI.

Correspondence: OA Dr. Germar-Michael Pinggera, Department of Urology, University of Innsbruck, Anichstraße 35, 6020 Innsbruck, Austria, E-mail: Germar-Michael.Pinggera@uibk.ac.at