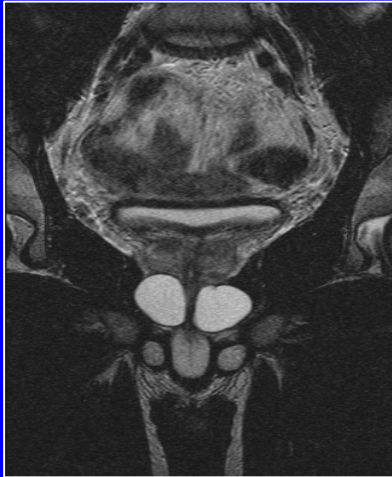


# Clinical presentation and treatment options for symptomatic prostate cysts in young adults.

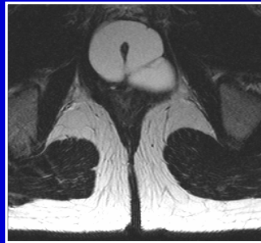


Pic 1: CT-scan reconstructed image. Frontal view of the lower abdomen & pelvis.

This poster deals with several urological topics:

- § LUTS
- § Minimal invasive surgery / endourology
- § Embryology of the urogenital tract
- § Histology

Pic 2: CT-scan. Sagittal view of the pelvis.



Pic 3: CT-scan reconstructed image. Frontal view of the lower abdomen & pelvis.

## Case:

A 26-year old male presented with LUTS, not responding to medication. UTI was excluded. The patient had normal external genitalia. This man had no medical history.

Uroflowmetry showed an obstructive voiding pattern with a Qmax = 7 ml/sec and a residual volume = 78 ml.

A TRUS revealed a large anechoic cystic mass in the middle of the central prostate zone with a diameter of 5 cm, from the apex expanding posteriorly and laterally on both sides.

Urethrocytostcopy showed an intact urethra and a trabeculated bladder. The prostate protrudes the bladder.

CT scan findings confirmed intimate relation of the simple cystic structure to the rectum and external urethral sphincter. The mass extends from the midline, over the base, without connection to the urethra. It has a horseshoe shape around the urethra.

## Introduction:

Prostatic cysts are relatively uncommon lesions. Incidence varies between 1 and 8% in literature. Most lesions are asymptomatic and diagnosed incidentally on transrectal ultrasound. Severity of symptoms is related to the size of the cyst, its location and the anatomical relationship to adjacent structures such as urethra, bladder neck, seminal vesicles, external urethral sphincter and rectum.

## QUESTIONS

1/ Knowing that only symptomatic patients are treated. Which of the following operative techniques is NOT suitable for this pathology?

- a) TUR: transurethral unroofing or marsupialization under US guidance.
- b) Transperineal or transrectal puncture under US guidance.
- c) Transvesical, transtrigonal excision.
- d) Open/laparoscopic radical prostatectomy.
- e) Perineal approach and excision of the cyst.

2/ Considering the description of the cyst on imaging and its clinical presentation, what histology is most likely/common?

- a) BPH with cyst degeneration
- b) Müllerian duct cyst(mesodermal)
- c) Prostatic utricle cyst(endodermal)
- d) Teratoma