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Parameatal Urethral Cyst: A Case Report and Review of Literature

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Abstract **Case Report**

Parameatal urethral cyst is a rare congenital clinical entity, which was first reported in 1956 by Thompson and Lantin. Since then, about 50 cases have been published. Most of the cases, which have been reported, were from the Japanese population and on an extensive literature search; few cases have been reported from India. Herewith, we report a case of a Parameatal urethral cyst in a 27 year old male presenting with poor cosmetic.

Keywords: Parameatal urethral cyst, Rare congenital anomaly, Cosmetic concern, Indian case report, Literature review.

INTRODUCTION

Only 50 cases of Parameatal urethral cyst were described in the world literature. They are considered as benign cysts that often remains asymptomatic, but can be brought to attention due to stream disturbance, retention of urine, dysuria and or for cosmetic reason. We report a case of Parameatal urethral cyst in a young male for its rarity especially among this population, and discuss pertinent review of literature.

CASE REPORT

A 27-year-old male, with no medical history, presented to our surgical facility with a swelling on the right side of glans penis, which was progressively evolving since childbirth. The Physical examination shows a spherical cystic mass with clear contents which was about 1, 8 cm in diameters and was adjacent to the external urethral meatus (Figure 1). The rest of genitalia and abdominal exam was normal. They were no urinary symptoms whatsoever. There was no inflammatory signs and no history of trauma.

Blood counts, Blood chemistry, urines analysis and urine culture were normal. A cystoscopy examination of the urethra was performed before surgery and was normal as well.

Under Spinal anesthesia, the cyst was completely excised taking care to remove all the lining epithelium, followed by a reconstructive surgery of the urethra (Figure 2, 3, 4, 5). The postoperative period was uneventful. The catheter was removed 24 hours after and the patient was discharged (Figure 6).

Good cosmetics results were obtained without any meatal striction or urine flow problems (Figure 4). No recurrence was observed at 11 months of follow up.

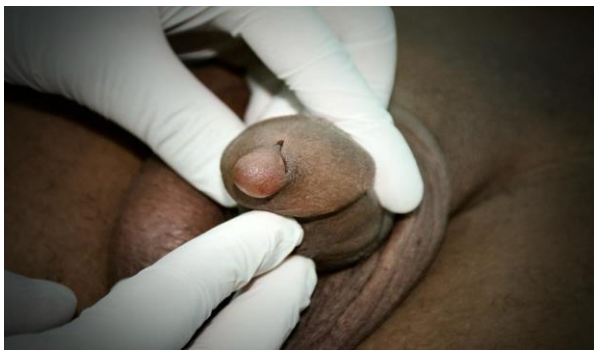

Figure 1 et 2: Clinical photograph of Parameatal urethral cyst

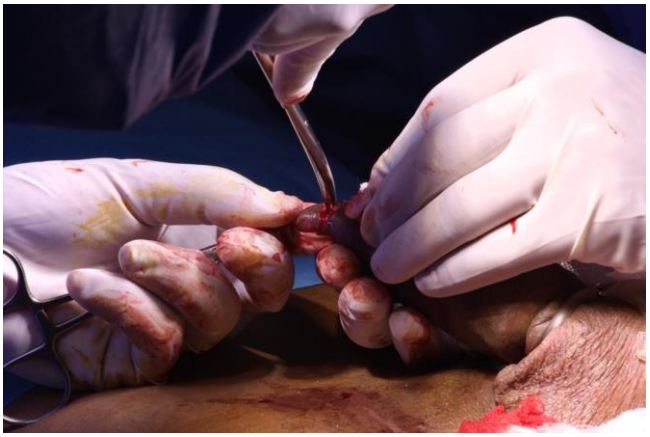
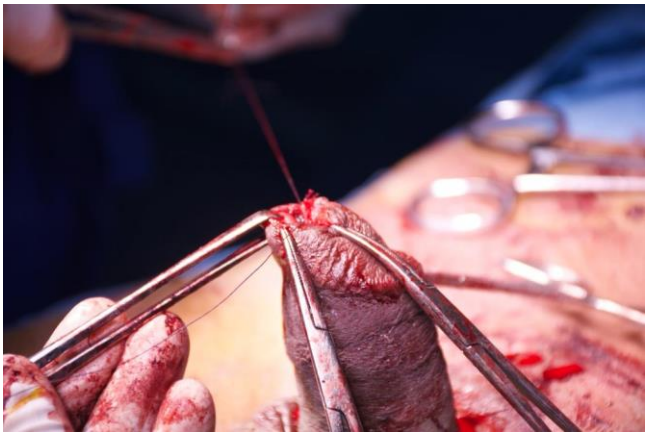

Figure 3 et 4: Dissection and full exicion of the cyst

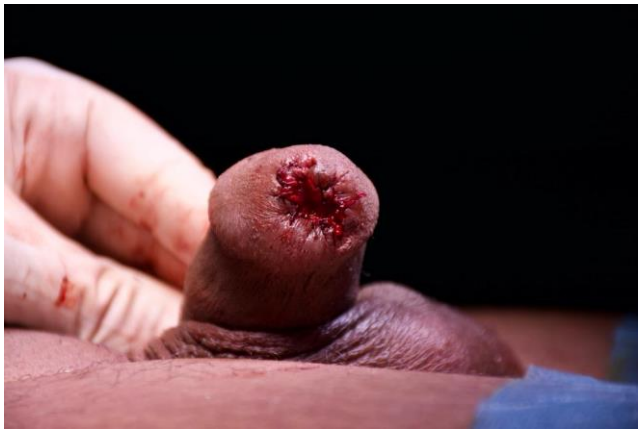
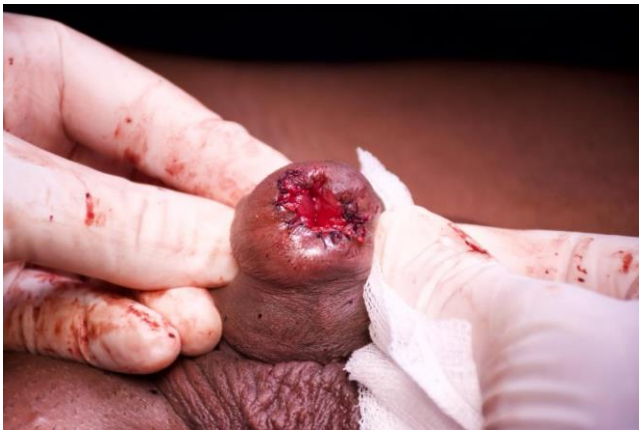

Figure 5 et 6: Final result after complete excision and urethral reconstructive surgery

DISCUSSION

Parameatal urethral cysts are very rare benign lesions that can be seen in boys, but also occurs in infants, girls and adults.

The physio pathological process of these type of lesions is not fully understood. Thompson and Lantin stated that urethral parakeet cysts occurred in the separation of the foreskin from the glands [1]; while Shiraki [2], Oka *et al*., [3], and Yoshida *et al.*, [4] believed that they were caused by occlusion of ducts. Hills *et al*., [5] seems to think that infection can caused this type of obstruction. Soyer *et al*., [6], reported recently the possibility of the role of estrogen in a two newborn cases, who had Para urethral cyst associated with breast enlargement and vaginal bleeding.

The Cysts are usually small, about 1 cm in diameter, and they occur on lateral margin of the urethral meatus and sometimes can be bilateral. They can be congenital or begin to appear spontaneously. In our case, the lesion was about 1,8 cm and it has been growing progressively since childbirth.

Diagnosis is incidental when cyst are asymptomatic, however sometimes; they might be responsible of urinary retention, dysuria and painful intercourse [7] or even poor cosmetics as in our case. When traumatized, the cysts tend to bleed, rupture or be infected.

The Treatment of choice for such cysts is complete excision, however, needle aspiration, simple decomposing and marsupialization have been also reported, but recurrence and poor cosmetics are reported with these methods.

Histological examination of the cyst have shown that these cysts are lined by different types of epithelium like columnar, transitional, cuboidal or squamous depending on the segmental origin of the urethra of the lesion. In our case, it was lined by columnar epithelium with no signs of inflammation.

CONCLUSION

We represented a rare case of parameatal urethral cyst with late presentation at an older age due to no prior symptoms. Our patient was managed with surgical excision resulting in good cosmesis outcome and no recurrence.

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