Large prostatic utricle cyst

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DESCRIPTION
A 16-year-old boy was referred to us for management of recurrent urinary tract infection. He presented to the clinic with scrotal pain, low-grade fever and complaints of urinary frequency. Physical examination revealed a retrovesical mass. No other abnormality was found on physical examination. Ultrasound and MRI showed a large retrovesical cyst (figures 1 and 2). The patient underwent complete resection through a suprapubic extraperitoneal approach. Histopathology revealed a 7 cm long prostatic utricle cyst.

Prostatic utricle cysts, which are rarely seen in clinical practice and are associated with some urogenital system anomalies such as cryptorchidism or hypospadias, are embryological remnants of the

Figure 1 Axial ultrasound image of the pelvis demonstrates a well-circumscribed anechoic mass located in immediate proximity to the posterior aspect of the urinary bladder.

Figure 2 T2-weighted sagittal (A) and axial (B) MRIs show a large cystic mass with anterior and upward displacement of the urinary bladder.
Mullerian duct system. The diagnosis is typically based on clinical history of dysuria, and may be suspected in patients with hypospadias. It may be confused with a Mullerian duct cyst, but these patients generally have normal external genitalia; and usually do not present clinically until 20 years of age. Surgical resection is the treatment of choice. This case is unusual because the presence of prostatic utricle without hypospadias is unusual and enlarged prostatic utricle in children has rarely been reported. In a patient with retrovesical cyst with clinical history of recurrent urinary tract infection, an enlarged prostatic utricle must be included in differential diagnosis.

Learning point

In a patient with retrovesical cyst with clinical history of recurrent urinary tract infection, an enlarged prostatic utricle must be included in differential diagnosis.

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REFERENCES