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**RESEARCH ARTICLE**

# PARAMEATAL URETHRAL CYST PRESENTING WITH OBSTRUCTIVE SYMPTOMS

**Magdum P V, Ajay Kumar G*, Shrikanth P, Neeraj Dixit and Nerli R B.**

KLES Kidney Foundation, Department of Urology, KLE University's, J N Medical College, KLES Dr Prabhakar Kore Hospital & MRC, Belgaum, Karnataka, India

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**ABSTRACT**

Cyst formation in the parameatal area of the urethra is a very uncommon entity. It was first reported in two male cases as recently as 1956 by Thompson and Lantin. Further reports have been rare. We report a case of a parameatal urethral cyst in a 7-year-old boy. The cyst was recognized since birth, but the boy presented to us at the age of 7 years, when the cyst had grown enough to cause poor stream with spraying of urine. A complete surgical excision was performed. Histologically, the cyst wall was lined by a tall columnar epithelium. The postoperative period was uneventful.



## INTRODUCTION

Parameatal cysts of the penis have previously been reported under various diagnostic terms, such as, mucoid cyst, urethral cyst, and apocrine cystadenoma, all having common clinical features, and are histologically similar. Cyst formation in the parameatal region of the urethra is uncommon and was first reported in 1956 by Thompson and Lantin [1]. The etiology of a parameatal urethral cyst is unclear. Parameatal urethral cysts are usually asymptomatic, however, sometimes they can cause a variety of symptoms, including, poor cosmetic of the genitalia, dysuria, difficulty in urination, and acute retention [2-4]. We hereby report a parameatal urethral cyst in a boy because of its rarity; the diagnosis and management of this situation is discussed with relevant literature.

### Case Report

A 7 year-boy presented with poor stream and spraying of urine of 15 days duration. He also complained of a painless cystic mass approximately 0.8 cm × 0.7 cm on the left side of the external urethral meatus (figure 1). The cyst was present since early childhood, with no symptoms. The diagnosis was made on clinical examination. His routine investigations were normal. The cyst was excised under general anaesthesia and the edges sutured with 5-0 chromic catgut. Cystoscopy performed at the same time which did not reveal any abnormality. The postoperative period was uneventful. Histopathologically, the luminal surface wall of the cyst consisted of a tall columnar epithelium. Good cosmetic results were obtained, and on follow up no urinary problems were noted.

Figure 1

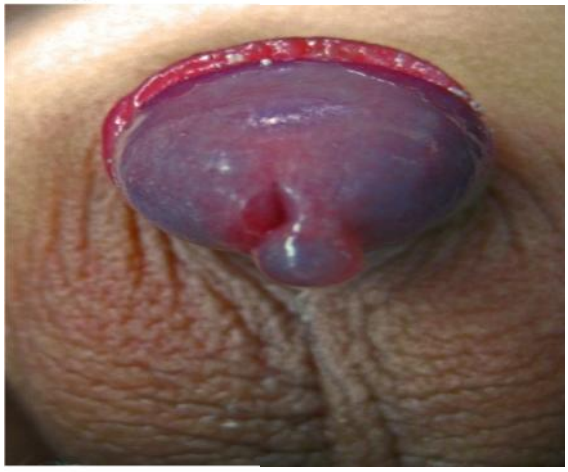

Figure 1: Cyst arising on left side of external urethral meatus.

*Corresponding author: **Ajay Kumar G**
KLES Kidney Foundation, Department of Urology, KLE University's, J N Medical College, KLES Dr Prabhakar Kore Hospital & MRC, Belgaum, Karnataka, India

## DISCUSSION

The parameatal urethral cyst was first reported by Thompson and Lantin in 1956 [1] and about 40 cases have been published since then. A parameatal urethral cyst is a very rare lesion in boys, but they can also occur in infants, girls, and adults. The pathogenesis of the cyst is not completely understood [6]. Thompson and Lantin [1] stated that parameatal urethral cysts occurred in the process of delamination or separation of the foreskin from the glans while Shiraki [7] believed that occlusion of a paraurethral duct was the cause. Oka *et al* [8] and Yoshida *et al* [9] supported this view while Hill and Ashken pointed out that infection could be a possible cause of the obstruction. The cysts are usually small, averaging about 1 cm in diameter. They occur on the lateral margin of the urethral meatus and may be bilateral [5]. They may be diagnosed as a coincidental finding and may be asymptomatic. However, sometimes they may cause urinary retention [5], pain during micturation and sexual intercourse, poor cosmesis of the genitalia, and distortion of the urinary stream. When the cyst is traumatized, it may bleed, rupture or become infected. The duration of its occurrence ranges from 16 weeks to two years.

## CONCLUSION

Excision of cyst would be ideal in the treatment of parameatal cyst. It prevents obstructive symptoms and late complications like bleeding.

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