

Congenital Seminal Vesicle Cyst Accompanying Ipsilateral Renal and Ureteral Agenesis

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A 22-year-old male patient had admitted with pelvic pain and hematospermia. There was no pathology on physical examination and blood tests. Deformation ratio of sperms was 86% and motility disorder ratio was 72% on semen analysis. Computed tomography (CT) scan revealed the lesion as a mass with 26 Hounsfield unit (HU) density. Separation of solid-cystic initially failed, where upon magnetic resonance imaging (MRI) was performed. CT and MR pyelography showed an absent left kidney (Figure 1) accompanying cystic lesion in the high internal density located to the left postero-lateral of the bladder (Figure 2). MRI examination of the lesion revealed cystic dilatation of left seminal vesicle with hyperintense signal changes on both T1 and T2 weighted images indicating a high content of protein (Figure 3). Right seminal vesicle was normal. The patient underwent diagnostic cystoscopy and there was no left ureteral orifice. Seminal vesicle cyst was surgically removed.

Seminal vesicle cysts (SVC) are seen with a prevalence of less than 0.005%.

- (1) Patients usually present with irritative or obstructive voiding symptoms.
- (2) They are usually detected in patients between 18 and 41 years of age, the period of maximal sexual and reproductive activity.⁽³⁾
- (3) In about two-thirds of the patients with SVC, ipsilateral renal agenesis was also found.⁽¹⁾

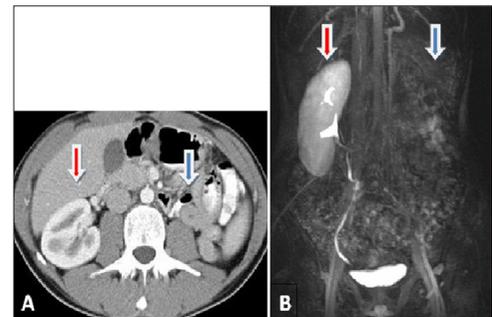


Figure 1. Left renal agenesis (blue arrow) and compensatory hypertrophy of right kidney (red arrow) on contrast-enhanced computed tomography (A) and magnetic resonance pyelography (B).

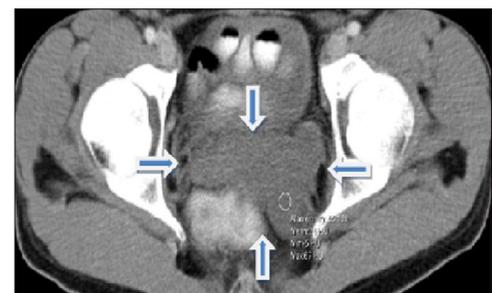


Figure 2. Contrast-enhanced tomography: Seminal vesicle cyst (arrows) in the high internal density (26 HU).



Figure 3. A) Coronal T2 weighted image demonstrates dilated ejaculatory duct (blue arrow), and B) axial T1 weighted image demonstrates cystic dilatation of left seminal vesicle (red arrows) with hyperintense signal change.

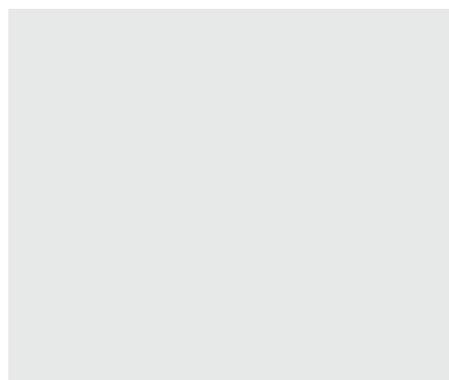
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REFERENCES

1. Kosan M, Tul M, Inal G, Ugurlu O, Adsan O. A large seminal vesicle cyst with contralateral renal agenesis. *Int Urol Nephrol.* 2006;38:591-2.
2. Cihan A, Cimen S, Secil M, Kefi A, Aslan G. Congenital seminal vesicle cyst accompanying ipsilateral renal agenesis and rudimentary ureter. *Int Urol Nephrol.* 2006;38:133-5.
3. Tadeu F, Rocha A. Semen analysis in an infertile man with seminal vesicles cysts associated with ipsilateral renal agenesis. *Int Urol Nephrol.* 2006;38:101-3.