

Midline prostatic cyst in a young man with lower urinary tract symptoms

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DESCRIPTION

A 35-year-old man presented with a 1-year history of increased urinary frequency, poor urinary flow, incomplete voiding sensation and dysuria. He was subjected to repeated urine culture and antibiotics, but his symptoms persisted. Digital rectal examination revealed a grade II smooth firm prostate. A sonogram showed a thickened bladder wall and post-void residual (PVR) of 112 mL with a midline prostatic cyst. A retrograde urethrogram revealed a midline prostatic cyst communicating with the urethra (figure 1). Maximum flow rate was 11.6 mL/s. The patient underwent transrectal ultrasound-guided aspiration, but the cyst recurred. Subsequently, transurethral deroofting was performed. One month later the patient had a remarkable improvement of lower urinary tract symptoms (LUTS). Maximum flow had improved to 20.2 mL/s and PVR had dropped to 32 mL. At 1 year follow-up the patient was asymptomatic with maximum flow rate 20 mL/s and PVR was insignificant.

A congenital midline prostatic cyst is not an uncommon finding, with 1% incidence in autopsy

findings and 7–8% in ultrasound screening programmes.¹ But a prostatic cyst with symptomatic LUTS in a young patient is rare. These cysts can be classified according to their location and relation with surrounding structures. Furuya *et al*² have classified prostatic cysts as type 1 (non-communicating with urethra), type 2a (communicating with urethra—most common), type 2b (communicating with urethra and seminal vesicle) and type 3 (cystic dilatation of ejaculatory duct) based on contrast studies. Our case is type 2a according to the above classification.

Prostatic cysts are generally asymptomatic and do not require treatment. Symptomatic cases can be managed by transrectal aspiration, transurethral incision, deroofting or marsupialisation.³

Learning points

- ▶ A midline prostatic cyst as a cause of lower urinary tract symptoms in a young patient is an uncommon finding.
- ▶ Prostatic cysts can be classified in various ways, but radiological imaging-based classification is the easiest way.
- ▶ Only symptomatic cases require treatment.

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Competing interests None.

Patient consent Obtained.

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Figure 1 Retrograde urethrogram revealing a midline prostatic cyst communicating with the urethra.



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