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Cysts of the ejaculatory system: A report of two cases

Dept. of Pediatric General and Urogenital Surgery, Juntendo University School of Medicine, Tokyo, Japan

Toshihiro Yanai, Tadaharu Okazaki, Atsuyuki Yamataka, Masahiko Urao, Hiroyuki Kobayashi, Yoshifumi Kato, Geoffrey J. Lane, Takeshi Miyano

Introduction: Cystic dilatation of the ejaculatory system is rare. Two cases are reported.

Case 1: A 6-month-old boy was referred to us for management of recurrent epididymo-orchitis (E-O) complicating open drainage and colostomy performed elsewhere for a purulent rectal discharge thought to be rectal duplication. Diagnostic imaging showed a retrovesical cyst. Urethrocystoscopy showed swelling of the verumontanum. No fistula was seen between the cyst and rectum on colonoscopy. At laparotomy, both ejaculatory ducts and seminal vesicles were found to be fused into a mass with cystic dilatation of the ejaculatory duct. Intraoperative histopathology of the cyst identified a metaplastic epithelial lesion. The cyst was excised with bilateral vasoligation. Since surgery 8 years ago, urination and defecation have been normal.

Case 2: A 4-month-old boy presented with fever and a swollen left scrotum. Ultrasonography showed a retrovesical cyst (spheroid, 1.5cm). Right grade vesicoureteral reflux diagnosed on voiding cystourethrography was treated by ureter re-implantation (Cohen) but complicated by recurrent E-O. Urethrocystoscopy with retrograde contrast via the utriculus showed the cyst opened on the verumontanum, both ejaculatory ducts opened into the cyst, and reflux into the right vas deferens. Right vasoligation alone was performed through a scrotal approach. Although the cyst was not excised, there has been no recurrence of E-O nor enlargement of the cyst for 6 years.

Conclusion: Cysts of the ejaculatory system should be considered in the etiology of recurrent E-O in pre-pubertal children and a high index of awareness is recommended.