AN UNUSUAL CASE OF BLADDER OUTLET OBSTRUCTION
“ZINNER’ SYNDROME”- TRIAD OF SEMINAL VESICLE CYST, IPSILATERAL RENAL AGENESIS AND EJACULATORY DUCT OBSTRUCTION- A CASE REPORT

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ABSTRACT
The triad of Seminal vesicle cyst, ipsilateral renal agenesis and ejaculatory duct obstruction represents a rare Mullarian duct anomaly. Manifestations can be manifold. We report a 25 year old unmarried male who presented with complaints of irritative and obstructive voiding since 2 years. Ultrasound abdomen, Trans-rectal ultrasound, Contrast enhanced CT and screening MRI showed right sided seminal vesicle cyst, Contralateral seminal vesicle ectasia with absent Right kidney. Cystoscopy revealed on the right side large cystic lesion indenting the right hemi-trigone and extending to the bladder neck with non visualization of right ureteric orifice. Patient was subjected to TRUS guided aspiration. The patient showed significant improvement during his follow-up. Uroflowmetry showed an improvement in max flow rate from 9 – 22ml/sec.

KEYWORDS: Zinner’s syndrome, Seminal vesicle cyst, Renal agenesis, Ejaculatory Duct.

INTRODUCTION
Zinner’s syndrome is a rare congenital malformation of the Mullerian duct comprising of unilateral Renal agenesis, Seminal vesicle cyst and Ejaculatory duct obstruction. It may present with LUTS, hematospermia, painful ejaculation, infertility and discomfort in the perineum. [...]
CASE REPORT
A 25 year old male presented with chief complaints of LUTS since 6 months. Clinical examination did not yield any findings; he was evaluated with uroflowmetry which revealed maximum flow of 9ml/second and voided volume of 290ml. Ultrasound examination revealed presence of a cystic intra-vesical lesion suggestive of Right Ureterocele (FIG 1A) with non visualization of Right kidney and hence we proceeded with Trans-rectal Ultrasonography (FIG 1B), CT IVU (FIG 1C) and screening MRI (FIG 1D) which revealed right side seminal vesicle cyst, contralateral seminal vesicle ectasia with absent right kidney.

Based on these findings, patient was planned for diagnostic cystoscopy which revealed a large cystic lesion indenting the right lobe of prostate extending into the bladder neck (FIG 2A); right ureteric orifice was not visualized with left ureteric orifice being normal. Patient was subjected to TRUS guided aspiration of Right Seminal vesicle cyst with seminal vesiculography (FIG 2B, C), the aspirate (FIG 2D) showed dead spermatozoa on microscopy. On post-operative day 2, patient developed bilateral epididymo-orchitis which was treated with antibiotics and Scrotal support which resolved after 7 days. Follow up uroflowmetry showed maximum flow of 22 ml per second & voided volume of 320ml. Ultrasound was reviewed which showed minimal dilatation of seminal vesicles. Post-operative semen analysis was suggestive of plenty of pus cells and normal morphology of sperms. He was advised excision of the seminal vesicle cyst, but he deferred surgery.

Fig 1: TRUS image of Right Seminal Vesical Cyst Indenting in to the urinary Bladder.
DISCUSSION

Ectopic ureter is a rare developmental anomaly of the urinary system that occurs as a result of abnormal caudal migration of the ureteral bud during its insertion to the urinary bladder seen only in 1 of every 2000-4000 children. The association of ectopic ureter with ipsilateral renal agenesis is even rarer. Zinner’s syndrome a rare congenital malformation of seminal vesicle with ipsilateral renal agenesis was first described by Zinner in 1914. It manifests in 2\textsuperscript{nd} to 3\textsuperscript{rd}
decade of life with varied urological problems. The majority of seminal vesicle cysts are less than 5 cm and are asymptomatic. They may present with vague symptoms like dysuria or urinary tract infection.\[^4\] When the cyst increases in size it pushes the surrounding tissue resulting in lower urinary tract Obstructive symptoms, supra-pubic pain, hematospermia, and painful ejaculation.\[^1\] Imaging studies done to evaluate this condition are DRE, Ultrasonography of abdomen and pelvis, IVU, TRUS, Contrast CT KUB, Magnetic Resonance Imaging, Cystoscopy and seminal vesiculography.\[^1\] The optimal management depends on whether it is symptomatic or not. When asymptomatic observation is the standard of care; but invasive procedures like surgical resection, transurethral resection, or cyst aspiration can be done in symptomatic patients not responding to conservative therapy.\[^5\]

REFERENCES