

RARE DEVELOPEMENTAL ANOMALY OF WOLFFIAN DUCT-"ZINNERS SYNDROME" –A CASE REPORT

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KEYWORDS :

INTRODUCTION:

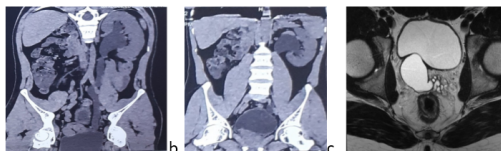
Zinner's syndrome is a congenital malformation of seminal vesicle and ipsilateral upper urinary system which includes seminal vesicle cyst ,ejaculatory duct obstruction and ipsilateral renal agenesis. Because embryologically both ureteral buds and seminal vesicles originate from mesonephric(wolffian duct).first discovered in 1914,around 200 cases has been reported in literature .If an insult occurs between 4th and 13th gestational week,embryogenesis of kidney,ureter,seminal vesicle and vas deferens could be altered.

CASE REPORT:

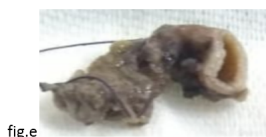
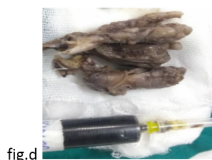
A 30years old male was admitted to our hospital presenting with 6years history of primary infertility associated with dysuria and suprapubic pain while micturition for 12 months.Physical examination didn't show any remarkable finding.Abdomen was soft with no palpable mass.Digital rectal examination was a bulging cystic mass in rectum.

Semen analysis revealed low ejaculate volume,normal pH and low fructose azoospermia.urine culture was sterile.blood tests showed hormonal analysis was normal.

Abdominal ultrasonic examination detected Right pelvic kidney and left grade 2 hydroureteronephrosis .Non contrast CT kub findings as right renal agenesis,left grade 2 hydroureteronephrosis(fig.a) till vesicoureteric junction with minimal thinning of renal parenchyma and right sided seminal vesical cyst(7x5cm)(fig.b)and voiding cystourethrogram showed left grade 4 reflux. MR urogram confirmed all findings and revealed right seminal vesical cyst of 8x5cm(fig c).On cystoscopy right ureteric orifice was absent.



Under spinal anaesthesia,the patient underwent open complete seminal vesical cyst excision(fig.d) and paquins left ureteric reimplantation(fig e) by pffanesteil incision.Foleys catheter removed after 14 days.Postoperative course was uneventful.complete surgery time was about 2.5hours.HPE confirms specimen as seminal vesical cyst.At the time of publication,patient remain symptom free after 12months of constant follow up.



CONCLUSION:

Zinners syndrome is a rare congenital urological anomaly. It usually occur in males between 2nd to 4th decade of life. Developmental anomalies of urogenital system are often not considered by clinician when patient comes with vague symptoms pertaianing to urinary tract.Imaging alone has ability to detect these mullerian duct anomalies.MRI proved to be best to dileate male genital tract anatomy/ pathology. Surgical management is key,either by open or laparoscopic way of seminal vesicle cyst removal.

REFERENCES

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