Original Research Paper

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General Surgery

A RARE CASE OF ECTOPIC INSERTION OF THE URETER INTO THE SEMINAL VESICLE

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KEYWORDS :

INTRODUCTION

Ectopic insertion of the ureter is defined as the abnormal insertion of the ureter, usually distal to the trigone into the urethra in males in approximately 50% of cases. Other sites include the seminal vesicle (approximately one third), vas deferens, bladder neck, prostate, and epididymis, while the urethra and vagina are commonly affected in females. Ectopic insertion of the ureter in the genital tract is a rare anomaly. Its incidence, as reported by Fraser, is about 1:130000. It is more common in females and is usually associated with incontinence, leading to the diagnosis, while in males, it is present with infection.

AIMS AND OBJECTIVES

To present a case of ectopic ureter inserting into the right seminal vesicle, a rare congenital anomaly and incidence of ectopic insertion of the ureter are more common in females.

CASE HISTORY

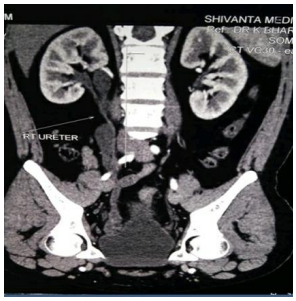
A 26 years old male presented with the complaints of painless hematospermia for four years associated with ejaculation.Terminal hematuria for two days, which is on and off. There no history of fever, no history of vomitings. There are no lower urinary tract symptoms of irritation or obstruction. There is no history of tuberculosis exposure. He is married five years back and is having two children.

EXAMINATION

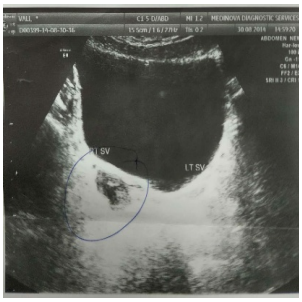
The abdominal examination did not reveal any abnormalities. Penis external urethral meatus and both scrotum are normal. On per rectal examination, a fluctuant cyst was noted, which is about 4 cm from the anal verge.

INVESTIGATIONS

- ULTRASOUND – Shows cyst in the right seminal vesicle. 24x18 mm cortical cyst in the upper pole of the right kidney.
- Seminal culture shows no bacterial growth.
- Mantoux is negative.
- Viral markers for HIV, HBsAg, HCV are negative.
- Transrectal ultrasound (TRUS) shows 1.6x1.2 cm in the right seminal vesicle and left is normal.
- TRUS guided aspiration of the cyst is done, and fluid analysis was negative for cytology, and AFB culture was positive for the growth of pseudomonas.



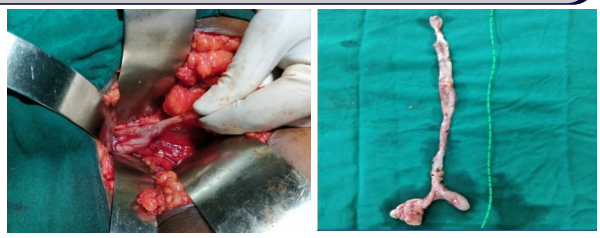
CT KUB showing right ectopic ureter



USG showing seminal cyst

TREATMENT

The case was operated and ectopic ureter excised along with the seminal cyst.



Gross resected specimen of cystic mass of right seminal \

DISCUSSION

There is an association between congenital anomalies of the seminal vesicle and urinary tract anomalies due to their close embryological relationship. In men, ectopic ureteral implantation into the seminal system tends to present with a peak incidence in the third decade of life through symptoms associated with voiding, ejaculation, or pain of the perineum or genitals. Ectopic ureter draining into the genital system is a rare entity and results from a more cranial origin of the ureteral bud from the mesonephric duct with resultant ureteral stump opening in the mesonephric duct derivatives (seminal vesicles, ejaculatory ducts, or vas deferens). The inadequate stimulation of metanephrogenic blastema renal by the ureteric bud results in mal-development. Zinner syndrome represents a specific entity along the spectrum of ureteral malformation and renal maldevelopment in males. It is defined as the triad of unilateral renal agenesis, ipsilateral seminal vesicle cyst, and ejaculatory duct obstruction has been reported in the literature, but there is no renal atrophy and ejaculatory duct obstruction in our case. Diagnosis is made by at the time of sexual activity, which, in our case, is hematospermia. The diagnosis can be made by urography, voiding cystography, ultrasonography, computed tomography, and MRI. Treatment of seminal cyst is reserved only for the symptomatic cases and is managed by surgical excision of ectopic ureter along with the cyst.

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