



A RARE CASE REPORT OF MEDIAN RAPHE CYST OF PENIS

Dermatology

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ABSTRACT

Median raphe cyst is a rare, benign congenital cyst presenting most commonly on the ventral aspect of penile shaft. These lesions present mostly in young men, whereas some cases in children have also been reported. The occurrence of a ventral cystic lesion of the penis should alert the clinician to the diagnosis of a median raphe cyst. The lesions, which are most common near the glans penis, may occur anywhere from the urethral meatus to the anus. Surgical excision is the treatment of choice. We here by report the case of a nine year old boy with median raphe cyst of penis. Median raphe cysts are rarely reported since they are usually asymptomatic.

KEYWORDS

median raphe cyst of penis

CASE HISTORY

- A 9 year old boy presented with swelling over the lower side of tip of penis, that was gradually increasing in size over 6 months, asymptomatic and no history of trauma or infections in past.

CLINICAL EXAMINATION

- Cutaneous examination revealed a single well-defined non-tender smooth globular cystic lesion measuring 1 cm × 1 cm on the ventral aspect of the glans penis with overlying normal skin.
- Transillumination test was positive.



FIG 1: 1 cm × 1 cm on the ventral aspect of the glans penis

CLINICAL DIAGNOSIS: MEDIAN RAPHE CYST OF PENIS
HISTOPATHOLOGY

Histopathology of the lesions showed compact stratum corneum overlying acanthotic epidermis with evidence of a disrupted cyst in the dermis showing an epithelial lining of stratified squamous and columnar (mixed) cells.¹

TREATMENT

Surgical aspiration was done under local anesthesia and was given antibiotic coverage for 5 days.



FIG 2: post aspiration of cyst

DISCUSSION

- Median raphe cyst is a rare, benign congenital cyst presenting most commonly on the ventral aspect of penile shaft. These lesions present mostly in young men, whereas some cases in children have also been reported.

It was first described by Mermet in 1895 and by Lantin and Thompson in 1956.^{2,3}

It usually presents anywhere along the median raphe, i.e., in the midline from the urethral meatus extending ventrally to the anus. Median raphe cysts are rarely reported since they are usually asymptomatic. They are not noticed during childhood and usually present during adulthood with difficulty in micturition and difficulty in having sexual intercourse. The most common location of such cysts is the ventral aspect of penile shaft and in the parameatal position.

- Various theories have been considered as the exact pathogenesis is not known.

According to Lantin and Thompson, median raphe cyst occurs in the process of separation of the foreskin from the glans penis. Little theorizes its occurrence due to the presence of ectopic periurethral glands.

The tissue trapping theory attributes its occurrence either due to a defective fusion of the urethral folds or an anomalous outgrowth of the epithelium that becomes sequestered and independent after the primary closure of the median raphe.

This theory also explains the different types of epithelial lining it has:

- (1) pseudostratified columnar epithelium (trapping of proximal urethral cells)
- (2) squamous cell epithelium (trapping of distal urethral cells)
- (3) glandular epithelium (trapping of periurethral glands)
- (4) the mixed type.

- Treatment options include simple aspiration, wide local excision and marsupialization or deroofting for deeply located large cysts. Postoperative complications such as urethrocutaneous fistula, gaping sinuses and recurrences are seen with deroofting and aspiration of the cyst.

Complete local excision with primary closure is the treatment of choice.

- The occurrence of a ventral cystic lesion of the penis should alert the clinician to the diagnosis of a median raphe cyst.

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