

## Parameatal Urethral Cyst Presenting with Painful Intercourse

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### Abstract

Parameatal urethral cysts are uncommon lesions attaining a maximum size of 1-2 cms. Most are asymptomatic and rarely present with urinary complaints. Most of these cases have been reported by the Japanese authors. We report a case of parameatal cyst which presented with painful intercourse.

**Keywords:** Parameatal cyst; Penis; Painful intercourse

### Introduction

Benign lesions of the penis are broadly classified as cutaneous and noncutaneous lesions[1]. Pearly penile papules, hirsute papillomas, and coronal papillae are normal and commonly encountered lesions of the glans penis [1]. Cyst formation in the parameatal region of the urethra is uncommon and was first reported in 1956 by Thompson and Lantin [2]. Parameatal urethral cysts are usually asymptomatic, however they can cause various symptoms including poor cosmesis, dysuria, difficulty to void and retention of urine. Herewith we report a case of parameatal cyst in a young male presenting with symptoms of pain during intercourse.

### Case Report

A 28 year old married male presented with a cystic lesion, situated at the external urethral meatus of more than 4 years duration (Figure 1). The patient experienced pain and discomfort during sexual intercourse. The cystic lesion appeared small to start with and had achieved the present size of 1.5×1 cm. There was no history of trauma in the past. There was no history of rupture or bleeding from the lesion in the past. Clinical examination revealed a small 1.5×1 cm non-tender cystic lesion at the external urethral meatus with clear contents. The cyst was excised and sent for histo-pathological examination. The wound healed well within 5 days and the histo-pathological examination revealed a monolocular cyst lined by transitional and columnar cells (Figure 2) with no evidence of inflammation. Post-operative period was uneventful and no recurrence was noted during the follow-up period of 6 months.

### Discussion

The parameatal urethral cyst was first reported by Thompson and Lantin [2] and since then nearly 40 cases have been reported in literature [3]. The exact pathogenesis of these lesions is not understood. Several authors [2] believe that parameatal cysts occur in the process of delamination or separation of the foreskin from the glands. Shiraki [4] believes that occlusion of para-urethral duct is the cause. Oka et al [5] and Yoshida et al [6] support this view, whereas Hill and Ashken[7] point out that infection could probably be the cause of obstruction.



Figure 1: Parameatal urethral cyst.

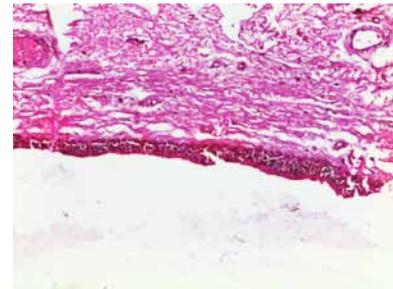


Figure 2: Cyst lined by transitional and columnar cells (H&E stain).

Most of these cysts are small at presentation. They occur on the lateral margin of the urethral meatus and at times can be bilateral [2]. They may be diagnosed incidentally when they are asymptomatic. Rarely they do cause urinary retention as reported in a female with this cyst [8]. Whenever the cyst gets traumatized the patient may present with bleeding, rupture or become infected. The patient in our report presented with painful coitus and hence sought treatment for the same. The treatment of choice is complete excision; however there are reports of needle aspiration and marsupialisation as other forms of treatment [9, 10]. The cyst wall is lined by columnar, squamous or transitional epithelium.

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