



CASUISTRY

Median raphe cysts in men. Presentation of our experience and literature review[☆]



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KEYWORDS

Median raphe cysts;
Embryonal residues

Abstract

Objectives: To present our experience with the diagnosis and treatment of median raphe cysts treated in our department in the last 25 years.

Material and method: We conducted a retrospective study of 28 men with median raphe cysts who underwent surgery in our department from June 1990 to March 2015. We analyzed the age of presentation, reason for consultation, clinical manifestations, histological findings, treatment and outcome after exeresis.

Results: The majority of the patients (22; 79%) were asymptomatic and consulted for the esthetic defect. Four cases (14%) presented urinary abnormalities, and 2 cases (7%) reported discomfort during sexual intercourse. In all cases, the treatment consisted of surgical extirpation of the cysts, with excellent esthetic and functional results and no lesion recurrence in any of the patients during a mean follow-up of more than 10 years. The most common histological type was the transitional cell type in 15 cases (54%), followed by the mixed type (transitional and squamous) in 11 cases (39%). One case (6%) was pure squamous type, and in another case (6%) the epithelium was glandular.

Conclusions: Median raphe cysts are an uncommon type of disembryoplasia that can occur in any location of the median raphe, from the balanic meatus to the edges of the anus. These cysts are generally asymptomatic and their treatment of choice is surgical extirpation.

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PALABRAS CLAVE

Quistes de rafe
medio;
Restos embrionarios

Quistes de rafe medio en el varón. Presentación de nuestra experiencia y revisión de la literatura

Resumen

Objetivos: Presentar nuestra experiencia en el diagnóstico y tratamiento de los quistes de rafe medio atendidos en nuestro servicio en los últimos 25 años.

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Material y método: Realizamos un estudio retrospectivo de 28 varones afectados de quistes de rafe medio intervenidos en nuestro servicio desde junio de 1990 a marzo de 2015. Se analizan la edad de presentación, el motivo de consulta, las manifestaciones clínicas, los hallazgos en el estudio histológico, el tratamiento realizado y la evolución tras su exéresis.

Resultados: La mayor parte de los pacientes (22; 79%) estaban asintomáticos y consultaron por el defecto estético; 4 casos (14%) presentaron alteraciones miccionales y 2 (7%) refirieron molestias durante el acto sexual. En todos los casos el tratamiento consistió en la extirpación quirúrgica del quiste, obteniendo excelentes resultados estéticos y funcionales, sin recidiva de la lesión en ninguno de los pacientes durante un seguimiento medio de más de 10 años. El tipo histológico más frecuentemente encontrado fue el de células transicionales en 15 casos (54%), seguido del tipo mixto (transicional y escamoso) en 11 casos (39%); en un caso (6%) fue de tipo escamoso puro y en otro caso (6%) el epitelio fue de tipo glandular.

Conclusiones: Los quistes de rafe medio constituyen un tipo infrecuente de disembrioplasia que pueden localizarse en cualquier punto del rafe medio, desde el meato balánico hasta los márgenes del ano. Generalmente son asintomáticos y su tratamiento de elección es la extirpación quirúrgica.

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Introduction

Median raphe cysts (MRQ) are an uncommon entity that is usually diagnosed in the first 3 decades of life. They are located in the midline, following the raphe; they are usually unique, although they can also be multiple and even of canalicular morphology, being able to appear from the balanic meatus to the margins of the anus, although its most frequent location is the distal one near the glans.^{1,2}

They were initially described by Mermet in the year 1895³ as a benign cutaneous neoplasm characterized by the presence of a neoformation generally located in the ventral region of the penis.

They are lesions of a globulous, translucent aspect, of soft consistency and variable size (from a few millimeters to several centimeters), not adhering to the skin or to deep planes and arising at any level of the genitourinary median raphe.^{4,5}

The term 'middle raphe cysts' appears to be the most widely used by several authors in recent articles reported, although in the early publications they have received various names, such as 'muroid cysts', 'genitoperineal cysts', 'parameatal cysts', and 'apocrine cystadenoma'.⁶

Aim

With the present study, we intend to show our experience in the diagnosis and treatment of the MRQ seen in our service in the last 25 years, with special emphasis on the clinical presentation and its evolution, as well as on the histopathological findings.

Material and method

With the approval of the Ethics Committee of our institution, we retrospectively reviewed the medical records of 28 patients with MRQ treated in our service from June 1990 to March 2015.

Patients with cysts located outside the middle raphe were excluded, as well as those affected with epidermal inclusion cysts.

The age of presentation, the reason for consultation, the clinical manifestations, the treatment performed, the histopathological study, and the evolutionary course are analyzed.

In the cases where it was necessary to urodynamically assess the patient, a multi-channel Medical Measurement System (MMS) model UP-2000 was used. To measure the postvoid residue, we used a Toshiba ultrasound with convex abdominal transducer of 5 megahertz.

The statistical analysis of the results was performed using the statistical package SPSS 19 (SPSS Inc., Chicago, IL). When it was necessary to compare between means, Student's *t*-test was used, considering statistical significance when $p < 0.05$. When we need to compare qualitative aspects, we use the chi-square test.

Results

We retrospectively reviewed a total of 28 clinical records of patients treated in our service clinically and histologically diagnosed with MRQ, with ages ranging from newborn to 69 years old, with a mean age of 24.6 years; in the age distribution, we observed a bimodal character, with a higher incidence during the first decade of life (9 patients) and the third (10 patients).

Regarding the location of the cysts, the most frequent ones were located in the body of the penis, with 10 cases (36%), followed by the parameatal location in 8 patients (28%), in 3 cases (11%) they were located in the prepuce, in another 3 (11%), in the balanic frenulum, 2 patients (7%) presented them at the perineoscrotal level, and in the 2 remaining patients (7%) the cysts were multiple and were distributed at the penoscrotal level along the middle raphe (Fig. 1). The mean size of the cysts was 1.1 ± 0.8 cm in diameter, varying between 0.5 and 3.5 cm.

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