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Case Report

Remodeled Seminal Vesicle Cysts: A Rare Incidental Finding

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Abstract

This article presents a case of a 72-year-old man with a well-defined oval cystic lesion of the right seminal vesicle, which was incidentally detected during a pelvic MRI. While most seminal vesicle cysts are benign and asymptomatic, remodeled cysts may require specific management. The differential diagnoses of seminal vesicle cysts include other cysts and tumors in the pelvic region. Accurate diagnosis and treatment recommendations are crucial for optimal patient care. This case highlights the importance of recognizing and distinguishing seminal vesicle cysts from other lesions and selecting appropriate management options based on their size, location, and clinical significance.

Keywords: *Seminal Vesicle Cyst; Pelvic MRI; Remodeled Cysts; Differential Diagnoses*

Introduction and Case Presentation

A 72-year-old man with benign prostatic hyperplasia underwent a pelvic MRI for pelvic pain and dysuria. It revealed a well-defined oval cystic lesion of the right seminal vesicle measuring 3.5 cm in diameter. The cyst contained liquid content with high T2 and T2 FS signal intensity (Figure A and B), and the intracystic hemorrhagic sediment was restricted on diffusion-weighted imaging (Figure C), and finally after gadolinium administration, the lesion shows a regular thin wall enhancement (Figure D). These MRI characteristics were suggestive of a remodeled cyst of the right seminal vesicle.

Figure A: *MRI (T2WI) in Coronal section shows a well defined cystic lesion with High T2 signal intensity.*

Figure B: *T2WI in axial section with Fat saturation, shows a cystic lesion of the right seminal vesicle with liquid level.*

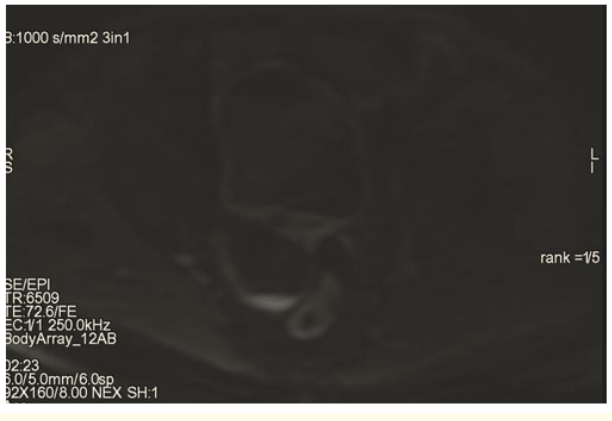

Figure C: *DWI axial shows intracystic hemorrhagic sediment with restricted diffusion.*

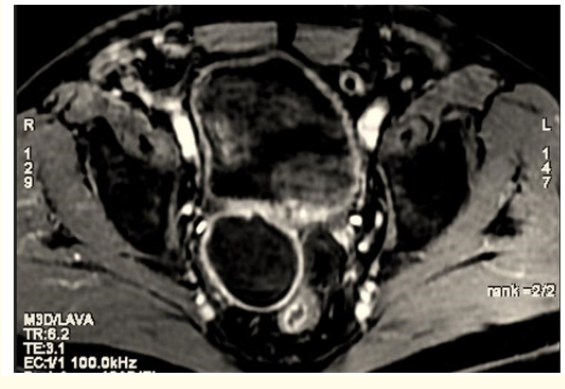

Figure D: *T1WI with fat saturation after gadolinium administration shows a thin and regular wall enhancement.*

Discussion

Seminal vesicle cysts are a rare, often asymptomatic lesion that may be discovered incidentally during imaging examinations. In some cases, it may also cause pelvic pain, dysuria, or hematuria. While the majority of these cysts are benign, it is important to differentiate remodeled cysts that may require specific management. Remodeled cysts may be differentiated from simple cysts by thickened walls, internal septations, areas of necrosis or calcification, heterogeneous T2 signal, and heterogeneous contrast enhancement. Differential diagnoses of seminal vesicle cysts include prostate cysts, Müllerian duct cysts, soft tissue tumors of the pelvic region, and prostate tumors. Prostate cysts are usually located within the prostate, while seminal vesicle cysts are located outside. Müllerian duct cysts are located more anteriorly in the pelvic region. Soft tissue tumors of the pelvic region and prostate tumors often present distinct characteristics in terms of signal and morphology.

Although most seminal vesicle cysts are benign and do not require specific treatment, remodeled cysts may require active surveillance, surgical removal, or sclerotherapy depending on their size and location [1,2].

Conclusion

In summary, seminal vesicle cysts are a rare incidental finding on imaging studies that may require specialized management. Remodeled cysts can be differentiated from simple cysts by their imaging characteristics. Although most are benign, management options include active surveillance, surgical removal, or sclerotherapy depending on their size, location, and clinical significance. Accurate diagnosis and treatment recommendations are critical for optimal patient care.

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Conflict of Interest

All authors declare no conflict of interest relevant to this article.

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