

# MANAGEMENT OF PARAMEATAL URETHRAL CYST

SE Sulaiman<sup>1</sup>, A Zaman<sup>1</sup>, Z Ibrahim<sup>1</sup>, M Osman<sup>1</sup>

<sup>1</sup> Paediatric Surgery Unit, Department of Surgery, Hospital Canselor Tuanku Muhriz, University Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia.

## **Introduction**

Parameatal urethral cyst is a rare condition and may be a result of defective process of delamination of foreskin from glans.<sup>1</sup> Majority of children are asymptomatic however, symptomatic children usually present with dysuria, poor urine outflow and urinary retention which mandates surgical excision. It is more common in boys, usually small less than 1cm and present at the ventral or unilateral edge of meatus.<sup>2</sup> Surgical excision can also be performed for cosmesis of genitalia.<sup>3</sup>

## **Case Summary**

We report 2 cases of parameatal urethral cyst. The first case is of a male neonate who was delivered vaginally at term with birth weight of 3.3kg. The baby was asymptomatic with the cyst noted incidentally. There was a demonstrable cystic, clear fluid filled lesion at the ventrolateral surface of the glans measuring less than 5mm, near but not obscuring the meatus with no sign of local inflammation. There were no other associated anomalies detected. Urinalysis was unremarkable with normal renal profile. A conservative management was opted after thorough discussion with parents. The second case is a 4-year-old who presented with glanular hypospadias. He was asymptomatic and came for surgery for hypospadias. The cyst was excised during repair of hypospadias as requested by parents.

## **Conclusion**

These two cases highlight different management approaches for parameatal urethral cyst. As most cases can be treated conservatively, this is the best route to take especially if we can alleviate parental anxiety with thorough explanation and reassurance. On the other hand, the second child had the cyst excised for cosmetic reason as patient was already subjected to surgery for hypospadias.

## References

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Figure 1: Neonatal Parameatal Urethral Cyst at the ventrolateral aspect of the meatus



Figure 2: Parameatal Urethral Cyst in 4-year-old boy