Abstract:
Seminal vesicle cyst in association with ipsilateral renal agenesis was described by Zinner in 1914 and popularly known as Zinners syndrome. Most of them are asymptomatic. Usually they present in the second or third decade of life. We would like to present a case of Zinners syndrome. 21 year old male patient presented with dysuria and obstructive voiding symptoms of one year duration. On clinical evaluation the patient was found to be normal. Ultrasonogram revealed absent right kidney with a cyst protruding into right lateral wall and base of bladder. Intravenous urogram confirmed our finding. Contrast enhanced CT and TRUS confirmed our findings. Also we did a cystoscopy examination under local anesthesia which revealed a normal study except absent right hemitrigone. Since the patient was symptomatic we did a trans rectal ultrasound guided aspiration. On follow up the patient is symptom free. It is one of the rare genitourinary anomaly which we were able to manage by minimally invasive guided aspiration.

Embryologically its due to abnormal mesonephric duct development resulting in ejaculatory duct atresia producing ipsilateral seminal vesicle cyst and ureteric bud anomaly causing ipsilateral renal agenesis.

Keyword: Mesonephric duct anomaly, Seminal vesicle cyst, renal agenesis,

Introduction
Congenital anomalies of the genitourinary system are quite common. Both the systems are affected together in view of their close embryological origin. Most of these cases present asymptatically and are diagnosed on routine evaluation for other problems. If the anomalies are severe they are usually not compatible with life and hence go unrecognized. Rarely they do present with symptoms. Case presentation 21 year old male patient presented to our department with complaints of dysuria and obstructive lower urinary tract symptoms for one year duration. Clinical evaluation of the patient was normal. Digital rectal examination was normal. Ultrasonogram was done which showed absent right kidney with a cyst protruding into right lateral
wall and base of bladder from the area of right seminal vesicle which was not seen separately (fig 1).

Intravenous urography done also confirmed absent right kidney with cyst causing extrinsic compression into bladder(fig2,3,4).

Contrast enhanced computerised tomography done showed absent right kidney and cyst arising from the right seminal vesicle(fig 5,fig 6).
Fig 6 CT KUB
Transrectal ultrasound done which showed right seminal vesicle cyst protruding into bladder(fig 7).

Fig 7 TRUS
Cystoscopy done under local anaesthesia revealed absent right hemitrigone and ureteric orifice.
Since the patient was symptomatic we decided to intervene under guidance. Transrectal ultrasound guided puncture and aspiration of the cyst was done. Patient was symptom free postprocedure.

Discussion:
Zinner’s syndrome was described in 1914. Its a triad of unilateral renal agenesis, ipsilateral seminal vesicle cyst and ejaculatory duct obstruction. Usually patients are asymptomatic. They are usually diagnosed in second to third decade of life. If they develop symptoms they present with dysuria, irritative lower urinary tract symptoms and infertility.
Our patient was symptomatic with dysuria and obstructive lower urinary tract symptoms. When asymptomatic just follow up of patient is enough. If symptomatic options include guided aspiration, laparoscopic excision of cyst, and open excision. In our patient transrectal ultrasound guided aspiration was curative.
Embryologically abnormality in mesonephric duct development results in this anomaly. Anamolous development of mesonephric duct results in atresia of ejaculatory duct resulting in cystic dilatation of ipsilateral seminal vesicle and ureteral budding defect in ipsilateral renal agenesis.
Other cystic conditions which may present similarly are midline cystic conditions like mullerian duct cyst and ejaculatory duct cysts. Lateral cysts like prostatic cyst, diverticulosis of ampulla of vas deferens, ectopic ureterocele can also present similarly. The association of seminal vesicle cyst with renal agenesis is classical of zinners syndrome.
Worldwide only case reports are available for few hundred cases. There are case reports on seminal vesicle cyst with contralateral renal agenesis.

Conclusion:
Congenital anomalies of genitourinary tract should be kept in mind while dealing with young patients with nonspecific symptoms. Treatment of underlying pathology should be decided on case to case basis depending on the symptoms. Minimally invasive approaches should be preferred.

References: