

# Para-Meatal Cyst in Twins: A Rare Presentation of Rare Case

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## Abstract

Parameatal cyst is a rare entity and very few cases have been reported in literature. In twins such presentation is extremely rare and no case has been found reported in literature. One such case has been reported here in 3.5 years old twins. 4 mm-5 mm asymptomatic cyst have been observed in both child in area around meatal opening. Marsupialization has been done as parents were not willing excision for too young children.

**Keywords:** Parameatal cyst • Twins • External urethral meatus • Marsupialization • Asymptomatic cyst

## Introduction

Cyst formation in parameatal area is comparatively unusual disease entity which was first reported by Thompson and Lantin 1956. Cyst generally occurs on one side of urethral meatus. Mostly asymptomatic but sometimes can cause spraying of urinary stream or occasional interfere with sexual intercourse. Simple excision is preferred treatment as aspiration and marsupialization results in recurrence. As cyst reported in twins, there could be a possible genetic association which can be further study.

## Case Presentation

A mother brought her 3.5 years old twins' male children with complain of gradually increasing cystic lesion on glans penis adjacent to meatal opening since birth. Cyst was asymptomatic but causing spraying of urine during micturition in both children.

On examination 4 mm-5 mm cyst was found in both children arising from right side of meatal opening. The cyst was marsupialized in both children as child was not cooperative for excision and parents were also not willing excision due to general anaesthesia. Parents were counselled about prognosis and recurrence and they were satisfied with cosmetic outcome of marsupialization.

Pimple arrangement in the parameatal region of the urethra is an unprecedented substance. It was first detailed in two male cases as of late as 1956 by Thompson and Lantin. Further reports have been intriguing. Thus, we report an instance of a 21 years old male having a circular, cystic expanding 1 cm in size at the outside urethral meatus. The finding of parameatal urethral blister was made and the growth was extracted.

Histopathological assessment uncovered a monocular pimple fixed with momentary cells. The postoperative period was uninteresting.

A 21 years old male gave a cystic enlarging of the urethral meatus. The sore had been available for an obscure number of years, gradually expanding in size to turn out to be more conspicuous. There were no urinary side effects, polyuria or stream mutilation. The patient's clinical history and a survey of all frameworks showed general great wellbeing [1,2].

Dermatological assessment uncovered a round cystic enlarging, 1 cm in breadth at the outer urethral meatus. It had a smooth and sparkling fixing and was completely covered with mucosa.

A full urological assessment including urography and cysto urethroscopy was done and uncovered ordinary discoveries.

The pimple was totally extracted. Histological assessment showed a monocular pimple fixed with temporary cells and incompletely columnar cells without any proof of irritation. A finding of parameatal urethral blister was made. Postoperative recuperation was predictable and a three months follow-up period uncovered no repeat.

The parameatal urethral pimple was first announced by Thompson and Lantin in 1956 and around 40 cases have been distributed from that point forward. The pathogenesis of the growth isn't totally perceived. Thompson and Lantin expressed that parameatal urethral growths happened during the time spent delamination or partition of the prepuce from the glans while. Shiraki trusted that impediment of a paraurethral conduit was the reason. Upheld this view while Slope and Ashken brought up that disease could be a potential reason for the deterrent [3,4].

The blisters are generally little, averaging around 1 cm in breadth. They happen on the parallel edge of the urethral meatus and might be reciprocal. They might be analysed as an unintentional finding and might be asymptomatic. Nonetheless, now and again they might cause urinary maintenance, torment during micturition and sex, poor cosmesis of the genitalia, and bending of the urinary stream. At the point when the sore is damaged, it might drain, break or become contaminated. The length of its event goes from 16 weeks to two years.

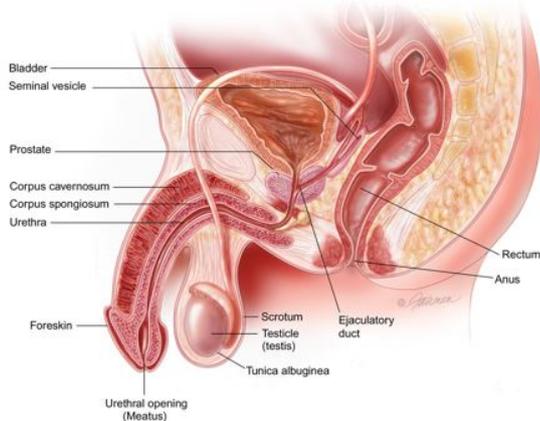
The pimple wall epithelium might be columnar, squamous or momentary. The differential conclusion rests between fiery states of the urethral meatus, prolapsing ureteroceles (particularly in females) and duplications. A full urological assessment including urography and cysto urethroscopy is thusly, prudent.

The treatment of decision is finished extraction. Straightforward de covering brings about repeat. The majority of the instances of parameatal urethral blisters detailed are in guys, yet a couple of female cases have likewise been accounted for. A parameatal urethral blister is an extremely uncommon, harmless substance; the vast majority of the cases revealed are in the Japanese populace. Broad writing look have neglected to uncover a solitary case from the Asian subcontinent. Apparently, this is the absolute first case report from the Asian populace. Doctors managing physically communicated contaminations should know about this condition, not just due to its harmless and nonsexually sent nature, yet additionally for its convenient administration.

These pimples are normally little of around 1 cm in distance across and happen on the ventral or parallel edge of urethral meatus. They can introduce upon entering the world or any time in the adolescence. Both innate and precipitously seeming growths have been portrayed. Typically asymptomatic, these blisters are for the most part brought to clinical consideration for poor cosmesis yet dysuria, urinary maintenance and stream mutilation might be potential introductions. They generally manifest clinically at 1 year old enough. For our situation the blister was of intrinsic beginning and estimated 1 cm in measurement at finding [5,6].

Different treatment modalities, for example, careful hang tight for unconstrained burst, needle yearning, marsupialisation and complete careful extraction have been depicted as conceivable treatment choices. Nonetheless, unconstrained goal by crack is uncommon in young men and is utilized exclusively in children yet the length of careful sitting tight for unconstrained burst has not been depicted. Further, there are report of repeats following unconstrained crack and needle desire. Marsupialisation experiences downside of unacceptable cosmesis. Complete careful extraction of growth is, along these lines, treatment of decision as it delivers great restorative outcomes and repeats are incredible.

Differential conclusion of parameatal urethral pimple is fibro epithelial polyp, adolescent xanthogranuloma, other cystic sores like epidermoid blister, pilosebaceous growth and so forth (Figure 1).



**Figure 1.** Meatal stenosis.

## Results and Discussion

Para meatal cyst is rare entity and fewer than 50 cases have been reported in literature but no case has been reported in twins. It can occur at any age and aetiology is not well understood. It can be congenital or acquired. Thompson and Lantin suggested that it

occurs due to separation of foreskin from glans. While Shiraki, Oka, et al., believed that they were caused by occlusion of paraurethral duct. Some authors also speculated possible role of oestrogen hormone. Majority of cases are asymptomatic, few of them may present with spraying of urinary flow, painful intercourse, bleeding due to trauma or secondary infection due to manipulation. They are usually benign and simple excision gives satisfactory results. Differential diagnosis of parameatal cyst is fibro epithelial polyp, juvenile xanthogranuloma and other cystic lesions like epidermoid cyst.

## Conclusion

A parameatal cyst in twins is extremely rare and no case has been found reported in literature. It is a benign condition of uncertain aetiology. Diagnosis is completely clinical and complete surgical excision produces good cosmesis without recurrence. Presence of parameatal cyst in twins raises the suspicion of hereditary association. Presence of parameatal cyst in twins raises the suspicion of hereditary association and further study on genetic association can find out the exact pathogenesis of such rare entity.

## References

1. Thompson, Ian M., & Lantin P.M. "Parameatal cysts of the glans penis." *J Urol.* 76.6 (1956):753-755.
2. Oka, M., et al. "Congenital parameatal urethral cyst in the male." *Br J Urol.* 50.5 (1978): 340-341.
3. Lal, S., & Agarwal, A. "Parameatal cyst: A presentation of rare case and review of literature" *J Clin Diagnostic Res.* 7.8 (2013):1757-1758.
4. Hill, J.T., & Handley, A.M. "Parameatal urethral cysts: A review of 6 cases." *Br J Urol.* 49.4 (1977):323-325.
5. Mohila, C.A., et al. "Cerebellar loss and brain-stem atrophy associated with neonatal all immune thrombocytopenia in a discordant twin." *Pediatr Dev Pathol.* 13.1 (2010):55-62.
6. de Laveaucoupet, J., et al. "Fetal Magnetic Resonance Imaging (MRI) of ischemic brain injury." *Prenat Diagn.* 21.9 (2001):729-736.