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Seminal Vesicle Cyst Causing Peritoneal Dialysis Catheter Failure

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A 57-year-old man presented for percutaneous peritoneal dialysis (PD) catheter insertion. However, there was poor inflow and outflow during catheter evaluation [Figure 1].

Unenhanced abdominal computed tomography showed retrovesicular hypodense rounded lesion [Figure 2] displacing the PD catheter loop [Figure 2].

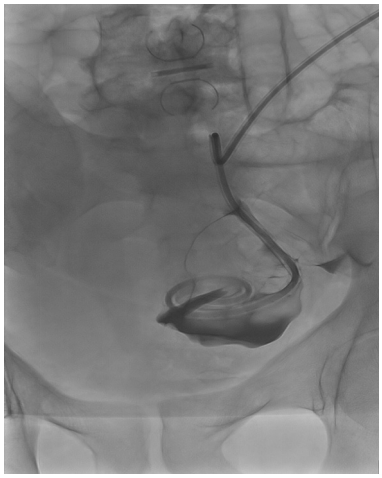

Figure 1: Contrast injection through the PD catheter shows poor spillage into the pelvic cavity

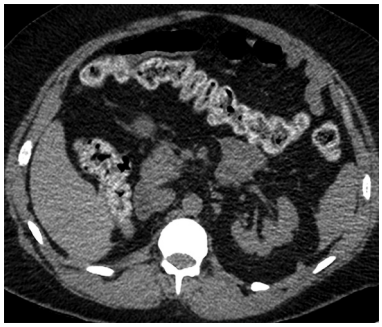

Figure 3: Axial CT scan shows right renal agenesis

This is associated with the right renal agenesis [Figure 3]. Magnetic resonance imaging showed a macrolobulated cystic lesion communicating with the

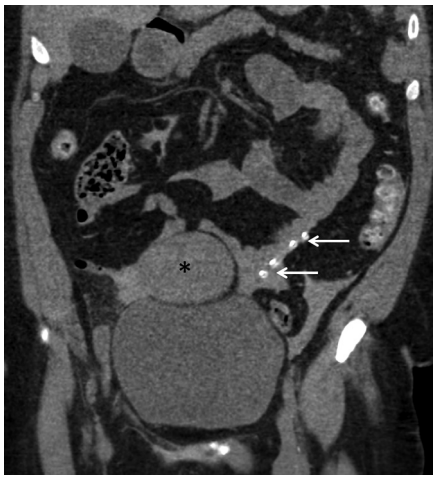

Figure 2: Unenhanced abdominal computed tomography shows retrovesicular hypodense rounded lesion (asterisk) displacing the peritoneal dialysis catheter loop (arrows)

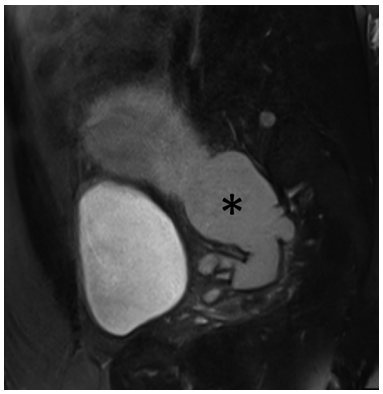

Figure 4: Magnetic resonance imaging shows a macrolobulated cystic lesion communicating with the right seminal vesicle. No intralesional soft tissue components (asterisk)

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right seminal vesicle with no intralesional soft tissue components [Figure 4].

These findings are consistent of Zinner syndrome, which is a rare congenital anomaly of the mesonephric duct consisting of unilateral renal agenesis, seminal vesicle cyst, and ipsilateral ejaculatory duct obstruction.

The PD catheter was removed 2 weeks later and the patient was converted to hemodialysis. Pelvic lesions may preclude proper function of PD catheters and cross-sectional imaging is essential for preprocedure evaluation.

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Nil.

Conflicts of interest

There are no conflicts of interest.