Introduction:

Scrotal Cystocele is defined as massive herniation of the urinary bladder into the scrotal sac. It is a rare entity which occurs in less than 1% of cases (Dass, Daloul, and Gupta, 2013). The term was coined by Bernard Levine in 1951.

We report a case of Scrotal Cystocele diagnosed incidentally on MRI.

Case Report:

A 68 year old gentleman was referred by his General Practitioner to hospital with lower urinary tract symptoms (LUTS) lasting for approximately 6 months.

He complained of dysuria, dribbling, increased frequency of micturition, and a weak urinary stream. He denied having any symptoms of weight loss or loss of appetite.

Physical examination revealed signs of a scrotal swelling suggestive of an inguinal hernia. On Digital Rectal examination, the prostate was approximately 20-30 g in size and the peripheral aspect of the left lobe was firm to touch.

Serial PSA testing performed over a period of two years revealed a gradual and steady increase up to a level of 5.32

Urine Dipstick testing was negative but his initial Prostate-Specific Antigen (PSA) level was raised to 4.75

His initial pelvic MRI showed small none de-scrypt foci of hypo-intense signalling in both sides of the prostate. Nonetheless, the overall appearances were unequivocal and no comment was made regarding the scrotal mass.

Guided biopsies obtained from the peripheral zone of the prostate via Trans-Rectal Ultrasound Scanning didn’t show definitive evidence of an invasive malignancy.

The reporting radiologist noted that the cystocele was missed on the initial MRI.

He also recommended an additional biopsy to be obtained from the peripheral gland.

Trans-perineal Template Prostate Biopsies revealed a diagnosis of invasive adenocarcinoma.

Discussion:

The majority of bladder hernias are diagnosed intra-operatively or after inadvertent cystostomy (Bjurlin et al., 2009).

Scrotal cystocele may present as a scrotal swelling associated with non-specific (LUTS) including increased frequency of micturition, nocturia, haematuria, and urinary retention (Kraft, et al., 2008).

The most commonly reported symptom is double-phase or two-stage micturition. (Bisharat et al., 2008). The initial urinary void represents stage one. Stage two occurs due to manual manipulation and compression of the scrotal swelling (Bisharat et al., 2008).

We recommend clinicians to rule out scrotal cystocele in patients presenting with scrotal swelling. This will undoubtedly reduce the rate of iatrogenic bladder injury during herniorrhaphy.

References: