

# OUTCOMES OF COMPLETE EXCISION OF PARAURETHRAL CYSTS IN WOMEN



O'CONNOR E, KOCADAG H, HAMID R, OCKRIM JL, GREENWELL TJ

UNIVERSITY COLLEGE HOSPITAL AT WESTMORELAND STREET,  
16-18 WESTMORELAND ST, MARYLEBONE, LONDON W1G 8PH

## Introduction

### Paraurethral cysts:

May be congenital or acquired

- Exact aetiology often unknown
- Thought to occur because gland is obstructed
- Acquired = most likely due to infection or inflammation

Most cases are asymptomatic

Can present as cystic mass lateral/inferolateral to urethral meatus

- Associated with LUTS, dyspareunia, urethral discharge

### Published surgical management:

- Transvaginal surgical excision – currently most effective method
- Marsupialization
- Fulguration

### Aims

1. Assess presenting symptoms and clinical features of paraurethral cysts
2. Evaluate medium-term outcomes following complete excision

## Methods

### Retrospective study

Patients identified from prospectively maintained database

October 2011 to April 2017

Data collected:

- Presenting symptoms
- Clinical examination findings
- Pre-operative imaging
- Operative techniques
- Post-operative complications
- Symptoms at follow up

## Results

Total of 16 women

Median age = 35 years (range 17-54)

All were tertiary referrals to our institution

**Table 1. Referring diagnosis**

Suspected diagnosis	Number of cases (%)
Urethral diverticulum	10 (62.5%)
Paraurethral cyst	5 (31.3%)
Urethrocele	1 (6.3%)

15 (93.8%) out of 16 patients reported a palpable lump at presentation

- Confirmed on examination in 14 (87.5%) patients

## Results

**Table 2. Symptoms at time of referral**

Symptom	Pre-operative Number of cases (%)
Mass	14 (87.5%)
Urethral discharge	3 (18.8%)
Dyspareunia	3 (18.8%)
Dysuria	1 (6.3)
UTIs	1 (6.3)
Voiding difficulty	1 (6.3)
Frequency/urgency	1 (6.3)

### Investigations

All 16 patients had:

- Pre-operative video urodynamics (VCMG) & MRI
- Peri-operative urethrocytoscopy

On VCMG:

- 50% of patients had bladder outflow obstruction (BOO)
- 3 out of 16 patients (18.8%) found to have detrusor overactivity (DO)
  - Associated with BOO in 2/3 patients

**Table 3. Operative technique used**

Surgical technique	Number of cases (%)
Simple excision alone	10 (62.5%)
Simple excision & urethral repair with interposition of paraurethral tissue	5 (31.3%)
Simple excision & urethral repair with Martius fat pad interposition	1 (6.3%)

### Follow up and post-op outcomes

Median follow up = 6 months (range 2.5 – 35)

- 93.8% (15/16) of patients reported resolution of symptoms
- 2 patients reported frequency and urgency following surgery
- 1 patient reported improved but persistent voiding difficulty
- There were no reports of recurrence

## Conclusions

Largest series in the current literature describing complete excision of all cysts

- As opposed to marsupialization/aspiration

Paraurethral cysts are often mistaken clinically and radiologically for urethral diverticulae

- Both present with similar symptoms
- Paraurethral cysts are associated with urodynamic abnormalities in 50%

Complete excision resolves symptoms in 93.8% of cases

- However, 37.6% may require urethral repair with tissue interposition