

Symptomatic Prostatic Cyst Treated by Transrectal Aspiration in a 34-Year-Old Man

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Abstract

Case Report

Prostatic cysts are often incidental but may be associated with lower urinary tract symptoms. A 34-year-old man presented with voiding difficulty. Renovesicoprostatic ultrasonography on 11 November 2025 identified a well-circumscribed cystic lesion in a normal-sized prostate measuring 21 × 15 mm and a post-void residual volume of 78 mL. Transrectal cyst aspiration was performed eight days later, yielding clear yellowish fluid. Symptoms resolved. On 15 September 2026, almost ten months after aspiration, ultrasonography showed no visible cyst and a post-void residual volume of 0 mL. This case describes sustained symptomatic improvement after a minimally invasive intervention. Because the available imaging does not establish the cyst subtype or demonstrate a definite causal mechanism, the clinical interpretation remains cautious.

Keywords: Prostatic cyst; voiding difficulty; lower urinary tract symptoms; transrectal aspiration; case report.

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INTRODUCTION

Prostatic cysts include several anatomical and pathological entities. Most are found incidentally, but some are associated with obstructive urinary symptoms in younger men (Saha *et al.*, 2014). Treatment is individualized according to symptoms, anatomy, and the cyst's relationship to the urethra. Transrectal aspiration is one of the reported minimally invasive approaches (Saito, 2002; Terris, 1997). We report the clinical and sonographic course of a young man with voiding difficulty who underwent transrectal aspiration of a prostatic cyst.

CASE REPORT

A 34-year-old man was evaluated for voiding difficulty. Renovesicoprostatic ultrasonography

performed on 11 November 2025 showed a normal-sized prostate containing a round, well-circumscribed cystic lesion measuring 21 × 15 mm, with finely echogenic contents and posterior acoustic enhancement (Figure 1). Post-void residual volume was estimated at 78 mL. The kidneys were normal in size without collecting-system dilatation, and no bladder lesion was reported. The available report did not specify the position of the cyst relative to the prostatic midline or urethra.

On 19 November 2025, the cyst was aspirated via the transrectal route. Clear yellowish fluid was obtained (Figure 2). No infection was reported. The voiding difficulty resolved after aspiration. At follow-up on 15 September 2026, the patient remained free of the presenting urinary symptoms. Ultrasonography showed no visible recurrent cyst, and the post-void residual volume was 0 mL.



Figure 1: Initial transabdominal ultrasound showing the prostatic cystic lesion, measured at approximately 21 × 15 mm in the radiology report



Figure 2: Transrectal cyst aspiration showing clear yellowish aspirated fluid

DISCUSSION

The initial combination of voiding difficulty, a sonographically visible prostatic cyst, and a post-void residual volume of 78 mL made the lesion a possible contributor to the patient's urinary symptoms. Symptom resolution after aspiration and absence of a visible cyst at follow-up support this interpretation, although other causes of voiding difficulty and incomplete emptying

cannot be excluded from the available data. The initial sonogram does not establish whether the lesion was a retention cyst, prostatic utricle cyst, Müllerian duct cyst, or another cystic entity; a specific subtype should therefore not be assigned.

Transrectal ultrasound-guided drainage has previously been described in patients with symptomatic prostatic cysts (Terris, 1997). Other reports describe

aspiration followed by sclerotherapy (Saito, 2002). As recurrence can occur after simple aspiration (Saha *et al.*, 2014), follow-up is particularly relevant. In this patient, there was no reported symptomatic or sonographic recurrence over almost ten months. The principal limitations of this report are the absence of detailed anatomical characterization and standardized symptom scoring before and after the intervention.

CONCLUSION

Transrectal aspiration of a prostatic cyst in a 34-year-old man was followed by resolution of voiding difficulty. Almost ten months later, ultrasound showed no visible cyst and a post-void residual volume of 0 mL. Careful anatomical characterization and longitudinal follow-up remain important when reporting treatment outcomes for symptomatic prostatic cysts.

Patient Consent

Written informed consent for publication of the clinical case and accompanying images was obtained from the patient.

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