

# Benign Cystadenoma of the Seminal Vesicles Presenting as an Abdominal Mass

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## Case Report

A 52-year-old fit and well gentleman referred to the urology department with a palpable abdominal mass, voiding symptoms and a raised PSA of 5.4.

CT scan of the abdomen and pelvis showed a large, multi-loculated pelvic mass, measuring (15x14x13) cm and displacing the urinary bladder (Figure 1). These findings were confirmed on a subsequent MRI scan of the pelvis which showed multiple thin enhancing septations within the mass, arising from the seminal vesicles and a high T1 signal of its contents indicating mucous.

The prostate had no suspicious features (Figure 2).

This case was discussed within the multidisciplinary team (MDT) meeting in our tertiary centre. The consensus was that the mass has typical features of cystadenoma of the seminal vesicles and that surgery is the mainstay of treatment due to the unknown malignant potentials of this benign tumour and to prevent further growth, however, given the size of the mass points of considerations contained: the potential risks of surgery including organ injury, the need of reconstructive surgery, and the risk of permanent infertility.

Detailed discussion took place with the patient explaining the pros and cons of surgery. The patient declined surgery and opted for a conservative approach. This entailed six monthly PSA monitoring as well as an Ultrasound scan of the pelvis and a yearly MRI scan.

Six months later the PSA increased to 6.2, however, the pelvic Ultrasound scan showed no increase in the size of the mass (Figure 3). The patient declined prostate biopsies and opted for monitoring.

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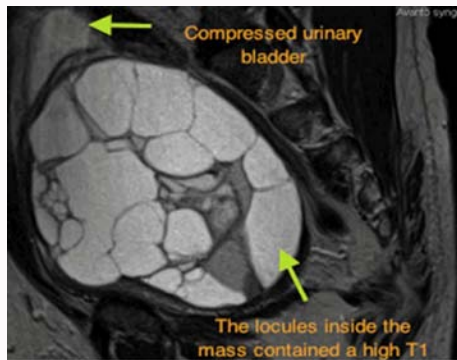
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## Learning Points/Take Home Message

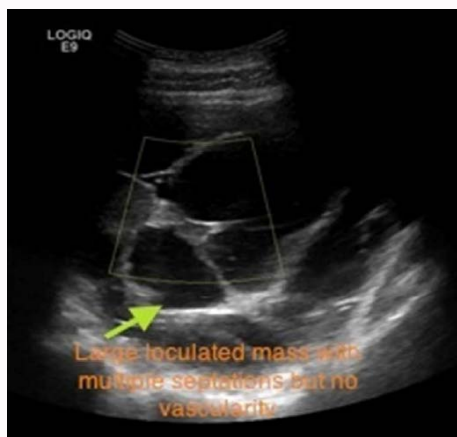
- Primary seminal vesicle tumours are rare and may be benign (cystadenoma) or malignant (adenocarcinoma, sarcoma) [1,2].



Figure 1: Coronal CT scan of the abdomen and pelvis showing the multi-loculated mass displacing the urinary bladder.



**Figure 2:** Sagittal view of an MRI of the abdomen and pelvis showing the high T1 signal of the locules indicating mucin or blood product.



**Figure 3:** Ultrasound image of the abdomen showing the multi-loculated mass with no evidence of vascularity and no change in size compared with the MRI image.

- MRI is a useful tool to distinguish benign from malignant features.

- Surgery is the mainstay of treatment for benign Cystadenomas of the seminal vesicles, however possible complications of surgery in big tumours such as the one presented in this case, including rectal injury, combined with the loss of fertility, and the potential need for a complex reconstructive surgery makes a surgical choice a real challenge and reduces patients' acceptability, therefore, a watchful waiting policy might be a reasonable approach in patients who decline surgery.

## References

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