One of the major reasons for constipation is mechanical obstruction. The common causes are colon cancer and external compression originating from malignant or benign diseases. Vesicula seminalis cyst is rarely reported as a cause of constipation [1]. We present a case with a large vesicula seminalis cyst causing chronic constipation and infertility.

**CASE PRESENTATION**

A 35-year-old male patient had chronic constipation and infertility for 4 years. Spermiogram showed severe oligospermia (sperm concentration, $4 \times 10^6$/mL). Physical examination showed pale appearance, tachycardia (112 beats/minute) and abdominal distension. Percussion of the abdomen revealed tympanic characteristic. The laboratory findings were: hemoglobin 8.8 g/dL, hematocrit 27.1%, white blood cell count 9,100/mm$^3$ and fecal occult blood test (+++). Other stool analysis and biochemical results were normal. Rectal examination and flexible rectosigmoidoscopy showed an external mass compressing the rectum. Transverse and descending colon were dilated on abdominal computed tomography (CT) (Figure 1). A $10 \times 8 \times 8$ cm presacral cystic mass with wall calcification was seen, displacing the bladder anteriorly (Figure 2). The origin of this presacral cystic mass was not clear from the CT scan. Exploratory laparotomy was performed for further evaluation. During the operation, the cyst was completely removed. Histopathologic analysis revealed a cystic lesion covered with squamous epithelium including polymorphonuclear leukocytes, macrophages and sperm cells. After the operation, the patient’s symptoms were relieved. We considered that the constipation was caused by external compression by the vesicula seminalis cyst. In cases of constipation with infertility, vesicula seminalis cyst should be kept in mind.

**Key Words:** vesicula seminalis, cyst, constipation, infertility

and sperm cells. We considered that the constipation and infertility were caused by external compression by the vesicula seminalis cyst. After the operation, the patient’s symptoms improved. One month after the operation, intestinal symptoms (constipation, abdominal distension, abdominal pain, etc.) had disappeared. Fecal occult blood testing was negative. Hemoglobin and hematocrit levels were 12.1 g/dL and 30.2%, respectively. Sperm concentration was $33 \times 10^6$/mL 3 months after the operation.

**DISCUSSION**

Vesicula seminalis cysts can be congenital or acquired [1]. Renal agenesis can be observed on the same side of the vesicular seminalis cyst [2]. In the literature, very few such cases have been reported. In our MEDLINE search, we found only eight reports of large seminal vesicle cysts [1,3–9]. One case report described a 6-cm seminal vesicle cyst with anal tenesmus in a 21-year-old patient [3]. In another case report, a 21-year-old patient had a 14-cm vesicula seminalis cyst accompanied by abdominal pain and constipation [1]. Altunrende et al. [4] reported a patient with large seminal vesicle cyst (15 cm) presenting with rectal obstruction. Negi et al [5] reported a large seminal vesicle cyst obstructing the ureter of a solitary kidney. Selli et al [6] reported bilateral large seminal vesicle cysts associated with unilateral renoureteral agenesis.

Many cases of seminal vesicle cyst are associated with a simple or complex malformation of the ipsilateral upper urinary tract (renal agenesis, dysplasia, hypoplasia, ectopic ureter) [7]. However, our case did not have any urinary tract malformation. Abdominal CT and ultrasonography showed a normal urinary tract.

In our case, hemoglobin and hematocrit values were below the standard limit and fecal occult blood testing was positive. After the operation, not only did hemoglobin and hematocrit reach normal levels, but occult blood testing also became negative. The results showed anemia due to gastrointestinal bleeding. The reason may be that the vesicular seminalis cyst irritated the intestine and gastrointestinal bleeding occurred.

Transrectal ultrasonography (TRUS) provides excellent anatomic detail of pathologic changes in the seminal vesicles and ejaculatory ducts [10,11]. We could have performed TRUS to evaluate the cystic mass; however, because CT showed a large cystic mass, we decided to explore the lesion.

In conclusion, vesicula seminalis cyst should be borne in mind in cases of constipation with infertility.

**REFERENCES**


