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## Editorial Comment

### Editorial Comment to Rare case of retropubic parasymphyseal cyst in a male patient

A retropubic parasymphyseal cyst (RPC) was first reported in 1996 by Alguacil-Garcia and Littman.<sup>1</sup> Eighteen cases of RPC have been reported to date, two of which were males.<sup>2–4</sup> The common symptoms of RPC include urinary tract dysfunction, abdominal pain, dyspareunia, and a painful vulvar mass, although there are asymptomatic cases. As Arase et al. summarize in the present article,<sup>5</sup> a male with a RPC >50 mm in diameter is quite rare and a standard treatment has not been established for RPC.

In the present article, Arase *et al.*<sup>5</sup> reported a male with RPC 54 mm in diameter who underwent successful conservative treatment. The patient was a 65-year-old male with pelvic and perineal pain. Laboratory testing and imaging studies (ultrasonography, CT, and contrast-enhanced magnetic resonance imaging) were performed to rule out a malignancy, after which he was thought to have a benign inflammatory mass. A specimen was obtained laparoscopically, sent for pathologic examination, and the mass was diagnosed as an RPC. The patient was successfully treated by laparoscopic fenestration, placement of a drainage tube, and antibiotics (an osteomyelitis treatment regimen).

Wylie *et al.*<sup>3</sup> and Martel *et al.*<sup>4</sup> reported RPCs (25 and 30 mm, respectively) in symptomatic and asymptomatic males, respectively. Neither surgery nor cyst aspiration was performed because the cysts spontaneously decreased in size in both patients and the symptoms improved. In the present case, it is thought that additional or alternative examinations, such as urine cytology, serum tumor markers, CT or US-guided needle biopsy, and/or aspiration for cytology and culture, were effective for evaluating malignant intrapelvic diseases, such as prostate cancer, bladder cancer, urachal cancer, osteosarcoma, and soft tissue sarcoma. Furthermore, we cannot conclude which treatments were effective in this patient (surgical procedure or

antimicrobial treatment). With respect to RPCs, additional pathophysiologic and bacteriologic considerations are also warranted.

This article will be helpful for clinicians to consider the differential diagnosis and make treatment strategies for RPCs. Thus, we recommend this article to be published by *IJU Case Reports*.

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### Conflict of interest

The authors declare no conflict of interest.

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