

# A rare condition presenting with recurrent symptoms of urinary tract infection: seminal vesicle abscess and vasitis

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A 64-year-old man with diabetes mellitus was referred to the radiology department. He had had pelvic tenderness, fever and dysuria for over a month and antibiotic treatment for urinary tract infection had not resolved his symptoms. Axial contrast-enhanced computed tomography showed a hypodense collection (48x32 mm) in the region of the seminal vesicles with peripheral contrast enhancement. These collections extended along the course of the vas deferens to the right inguinal canal (**Figure 1**). A sagittal contrast-enhanced computed tomography image showed that the bladder was greatly distended as a result of dysuria and also showed a seminal vesicle abscess posterior to the bladder and superior to the prostate gland (**Figure 2**).

Since the introduction of antibiotics there have been fewer than 30 reported cases of seminal vesicle abscess (Saha et al, 2009). Seminal vesicle abscess should be considered as a differential diagnosis in patients with symptoms of urinary tract infection that do not improve with antibiotic treatment.

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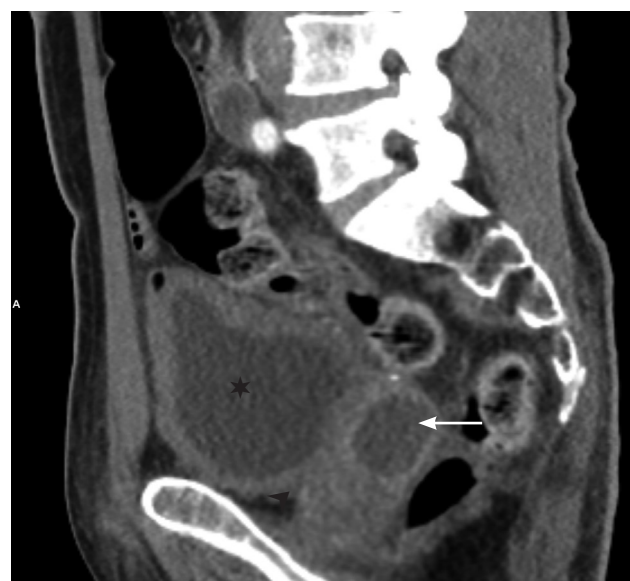
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## Reference

Saha S, Wright G, Arulampalam T, Corr J. An unusual groin mass. Seminal vesicle abscess: a case report. *Cases J.* 2009;2:6531. <https://doi.org/10.1186/1757-1626-2-6531>



**Figure 1.** Axial contrast-enhanced computed tomography image showing seminal vesicle abscess (black arrow) and abscess of vas deferens in the right inguinal region (black asterisk).



**Figure 2.** Sagittal contrast-enhanced computed tomography image showing distended bladder (black asterisk), prostate gland (black arrowhead) and seminal vesicle abscess (black arrow).