

Laparoscopic approach to retrorectal cyst

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Retrorectal cystic hamartoma (hindgut cyst) is a rare developmental lesion arising from the vestiges of the embryonic hind gut. Other developmental cysts can occur in retrorectal space. Anal gland cysts can develop near the anal sphincter. All these cysts are similar to retrorectal cystic hamartoma and their exact diagnosis depends on the histopathological examination including immunohistochemical profile. Retrorectal cysts are asymptomatic in 50% of the cases and the lesion is an incidental finding.

A research team led by Petra Gunkova from the Faculty Hospital Ostrava of Czech reported their experience with two female patients who were diagnosed as retrorectal cyst and were managed using laparoscopic approach. This will be published on November 12, 2008 in the *World Journal of Gastroenterology*.

The two symptomatic patients were operated laparoscopically. After peritoneal insufflation the pressure was maintained at 11 mmHg. The site, size and distribution of the trocars used were as follows: 10 mm umbilical trocar for camera. For the surgeon working hands a 12 mm trocar in the right hypogastrium and a 5 mm trocar in the right mesogastrium For the assistance; a 10 mm trocar in the left hypogastrium and a 5 mm trocar in the left mesogastrium. The retrorectal space was opened using harmonic scalpel at the sacral promontory level, the mesorectum was dissected free and the cystic lesion was identified. The cyst was resected using harmonic scalpel after its complete dissection and separation from the surrounding structures. The pelvic floor was reconstructed by suture and a drain was placed in

the Douglas pouch. The total operation time was 75 min for the first case and 90 min for the second case.

They concluded that laparoscopic excision of retrorectal cysts is a safe and efficient option. Laparoscopic approach minimizes the surgical trauma and offers perfect visualization of the deep structures in the presacral space.

Source: World Journal of Gastroenterology

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