

MR DANIEL J BORSUK (Orcid ID : 0000-0003-0511-8916)

Article type : Correspondence

CDI-00517-2019.R1

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Robotic excision of a difficult retrorectal cyst – a video vignette

Running head: Difficult retrorectal cyst excised robotically

Daniel J. Borsuk BS^{1,3}, Adam Studniarek MD^{1,2}, Ahmed AL-Khamis MD¹, Kunal Kochar MD¹,
John J. Park MD¹, Slawomir J. Marecik MD^{1,2}

¹Division of Colon and Rectal Surgery, Advocate Lutheran General Hospital, Park Ridge, Illinois, USA;

²Division of Colon and Rectal Surgery, University of Illinois at Chicago, Chicago, Illinois, USA;

³Department of Surgery, Michigan Medicine, University of Michigan, Ann Arbor, Michigan, USA

Corresponding Author:

Daniel J. Borsuk

LM Prasad MD SC

1550 N. Northwest Highway, Suite 107, Park Ridge, IL 60068, USA

Telephone: +1.8477591110

Facsimile: +1.8477598273

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1111/CODI.14862](https://doi.org/10.1111/CODI.14862)

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Email: dborsuk@umich.edu

Conflicts of Interest: There are no conflicts of interest to declare.

Acknowledgements

No acknowledgements.

Dear Editor,

Contrary to historical teaching about addressing very distal retrorectal (presacral) cysts via perianal incision, our preferred, current method for treating most of these lesions involves a robotic abdominal approach (1,2). Benefits of this approach include excellent exposure and no perianal wound creation, which tends to frequently become infected (1).

A 31-year-old female presented with a recurrent, presacral 8 cm cyst located at the level of the mid-lower rectum and without rectal communication. The dissection was completed as depicted in the video vignette. Robotic and assistant ports were placed as depicted in the figure. The cyst was firmly adherent to the medial aspect of the levators and the rectal wall. Flexible sigmoidoscopy was used periodically to distend and collapse the rectum, in order to visualize and transilluminate a safe dissection plane. The cyst had a very thin wall. Although a small hole was inadvertently made, we found the resultant partial decompression aided in resection by allowing for delineation of the obscure aspects of the cyst wall.

The patient's post-operative course was unremarkable. She was discharged home the next day. Pathology revealed a benign, unilocular epidermoid cyst. At fifteen months, the patient has not experienced any recurrence or anorectal complaints.

Removal of the entire cyst tissue is paramount in preventing recurrence. In the deep pelvis, the robotic platform allows for excellent exposure, stability, and precise dissection in comparison to the limited ergonomics of the laparoscopy (3–5). It also allows one to avoid the perineal wound when compared to trans-levator approach (1).

Supporting information: video and transcript

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Figure: placement of trocars



