



VIDEO CORRESPONDENCE

Intraoperative endoscopic ultrasound-guided robotic retrorectal dermoid cyst excision—A video vignette

Dear Editor,

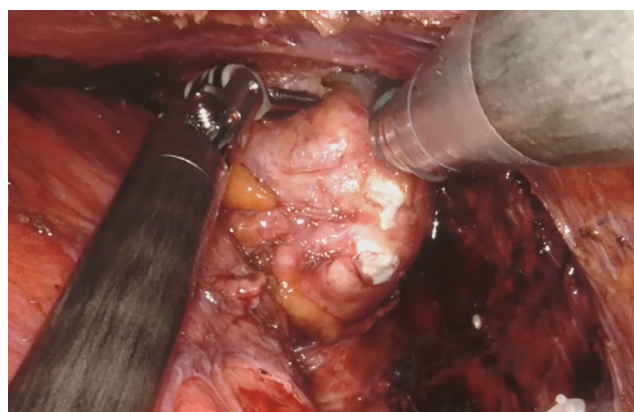
Retrorectal teratomas can be cystic lesions (benign) or immature or malignant masses. Teratomas are congenital tumours that contain tissue from each germ cell layer; they can transform very rarely into malignant disease. Nowadays the best surgical approach should be as minimally invasive as possible, preventing damage to anatomical structures [1]. Robotic surgery helps the surgeon to perform precise dissection through the pelvic floor, avoiding the need to open the abdominal wall, minimizing the risk of widespread adhesion syndrome and permitting nerve-sparing in that region [2].

Comparing the robotic approach with laparoscopic and open methods for retrorectal cyst excision, the lack of tactile feedback in robotic instruments requires the surgeon to perform a wider dissection of adipose and lymphatic tissue to visualize masses located within the mesorectum. For this reason, an intraoperative transanal probe was used in the present case, allowing precise localization of the lesion during the robotic procedure. The importance of endoscopic ultrasound is evident in abdominoperineal disease, where it helps to determine the depth and borders of tumours [3].

This video shows a robotic approach to treatment for a septated 8 cm retrorectal cyst. The patient was positioned in a modified lithotomy position [4] (Video 1). Four 8 mm trocars for robotic arms and one 12 mm trocar for the assistant were placed. First, an incision was made along the mesentery. Next, dissection was carried out between the parietal pelvic fascia and the mesorectal fascia, reaching the posterior plane of the mass [5]. The cyst was not visualizable due to its position inside the mesorectum; for this reason, a transanal ultrasonography probe was used to locate the borders of the mass. Starting from the posterior plane of the mass, it was surrounded following its surface. Unfortunately, during the dissection the mass was opened, but haemostasis and irrigation were performed. The mass was taken away and placed in an Endobag. A pelvic drain was positioned. The histological examination revealed a cystic teratoma.

AUTHOR CONTRIBUTIONS

P. Panzera: Conceptualization; investigation; writing – original draft; writing – review and editing. **F. Vittore:** Conceptualization; investigation; methodology. **F. P. Prete:** Conceptualization; investigation;



VIDEO 1 The video shows a robotic approach to treating an 8 cm septated retrorectal cystic teratoma in a 29-year-old female with pelvic pain. EUS was used to assess the tumour's depth and borders. Video content can be viewed at <https://onlinelibrary.wiley.com/doi/10.1111/codi.70043>

methodology; validation. **G. M. De Luca:** Writing – original draft; conceptualization; visualization. **S. Malerba:** Software; methodology; writing – review and editing. **N. Tartaglia:** Visualization; validation. **A. Pontrelli:** Conceptualization; investigation; resources. **E. Fischetti:** Resources; validation; methodology. **A. Gurrado:** Supervision; resources. **M. Testini:** Supervision; resources.

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None.

CONFLICT OF INTEREST STATEMENT

All authors declare no personal conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

ETHICS STATEMENT

All procedures involving human participants were performed in accordance with the ethical standards of the institutional

and national research committee and the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards. This article does not contain any studies using animals.

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