

Excision of tailgut cyst by Kraske approach

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INTRODUCTION

Tailgut cysts or retrorectal hamartomas are benign neoplasms originating from caudal embryonic remnants, typically located in the presacral space. The vast majority are asymptomatic; however, surgical resection is the treatment of choice due to potential malignant transformations or compressive symptoms.

DISCUSSION

The treatment of tailgut cysts is surgical. The surgical approach adopted will vary depending on the location, extension, and size of the lesion. Opting for a posterior approach for benign lesions located in areas below S3, without involvement of the rectum, provides direct access to the presacral region and avoids the need for an abdominal approach to access the peritoneal cavity.

CASE REPORT

 **30-year-old**

- Symptoms of dysmenorrhea associated with rectal bleeding.
- Digital rectal examination: elastic swelling of the posterior wall.



Fig. 1: Endoanal ultrasound. Hypoechoic image with posterior enhancement.



Strong suspicion of pelvic endometriosis with extra rectal involvement *versus* hamartoma.

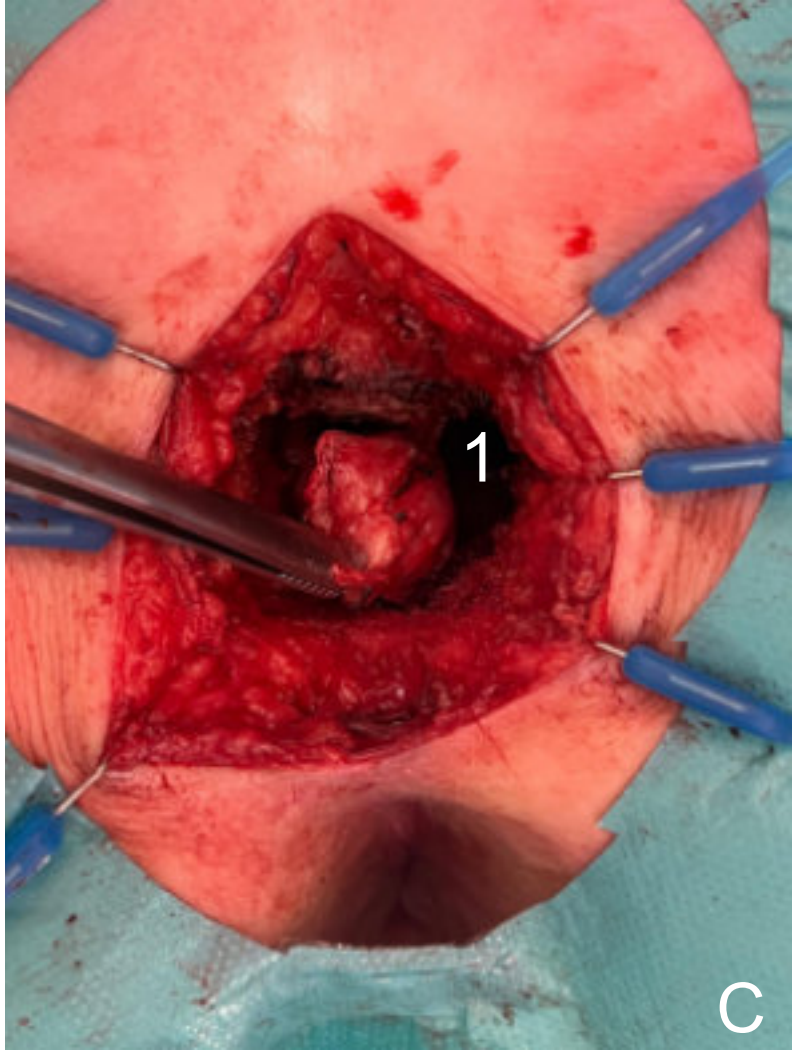
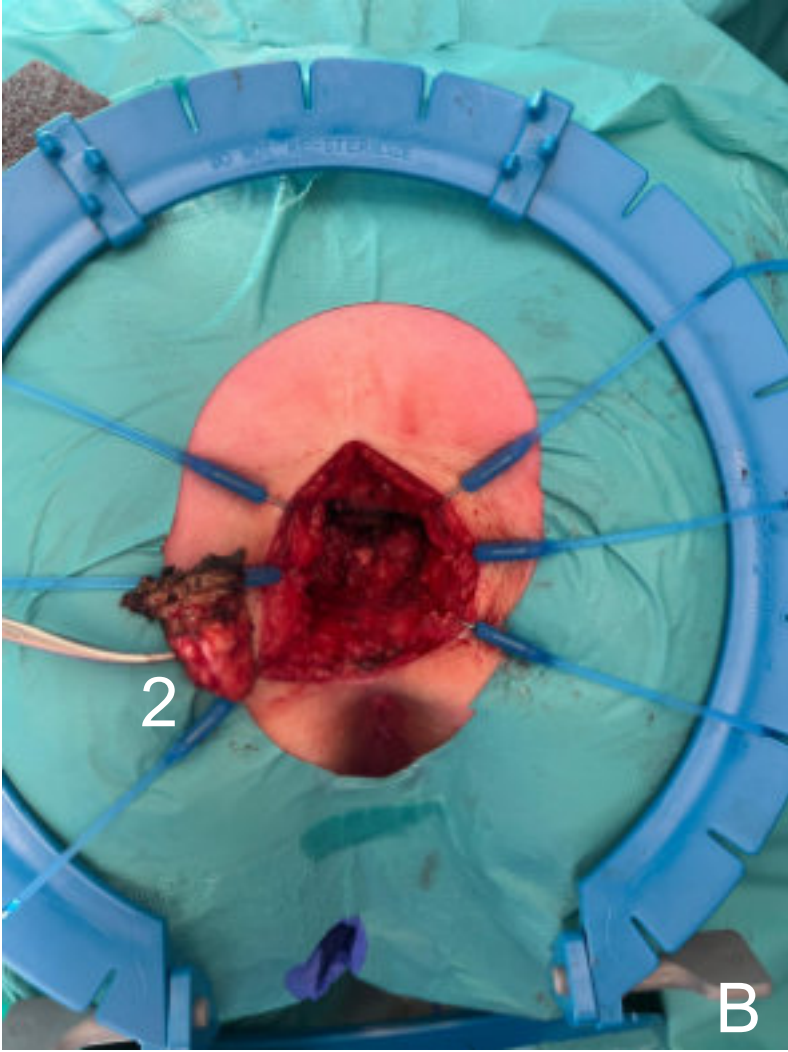
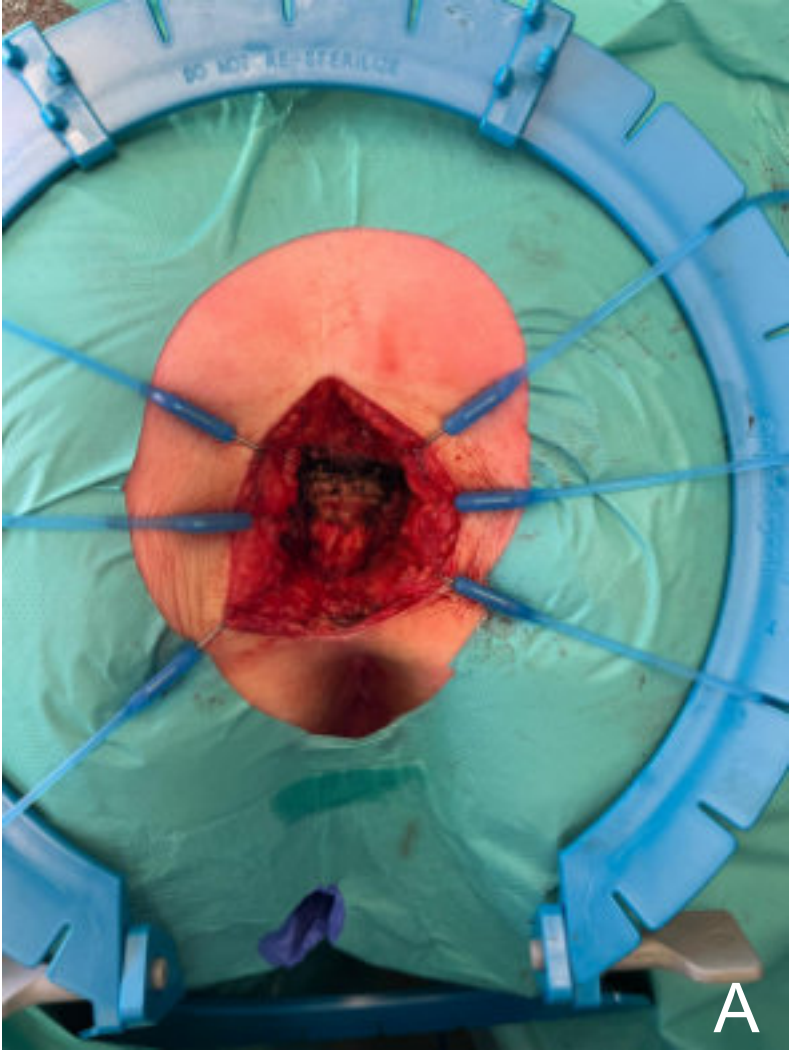


Fig. 3 (A,B,C): Surgical excision of the lesion was performed through a posterior presacral incision, using the Kraske approach. The lesion (1), along with the coccyx (2), was resected, presenting a cystic, encapsulated appearance with a vascular pedicle originating from the sacral periosteum.

The histopathological study confirmed the diagnosis of a tailgut cyst.

BIBLIOGRAPHY

