Laparoscopic Assisted Management of a Pararectal Tail Gut Cyst

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Abstract Here, we discuss an unusual case of a pararectal tail gut cyst, initially misdiagnosed to be an ischiorectal abscess which was presented to us after being operated for incision and drainage. It was excised by a laparoscopic assisted approach. In such cases, a digital examination, transrectal ultrasound, CT scan, or MRI can help in the diagnosis. A combined approach is useful to locate and remove the cyst intact; however, a lower approach is useful for low-lying lesions. Histopathology can

differentiate between a rectal duplication cyst and a tail gut cyst.

Keywords Pararectal cyst · Laparoscopically assisted approach · Combined approach · Laparoscopy · Tail gut cyst

Case Report

A 42-year-old lady presented to us after having undergone incision and drainage of ischiorectal abscess. During the surgery, minimal mucoid material was drained; however, there was no evidence of any pus. The operating surgeon had suspicion of intestinal herniation in left ischiorectal fossa. Hence, the surgery was abandoned, and she was referred to our institute for further management. Abdominal examination was normal. On per rectal examination, there was no significant tenderness in the pararectal region.

CECT scan of the abdomen and pelvis was done which showed a heterogeneous collection in the left ischiorectal fossa and left pararectal region with supralelevator extension (Fig. 1a).

On exploring the ischiorectal fossa, a tubular fleshy mass was seen (Fig. 1b). A diagnostic laparoscopy was performed which did not reveal any herniation. After left ovarian cystectomy, the left pararectal plane was entered; levator ani fibers were then dissected. An elongated left pararectal cyst not in connection with the rectum, mostly confined to the left ischiorectal fossa, was seen. The cyst was then dissected as low as possible through an abdominal route. The rest of

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Fig. 1 **a** CT Images in the sagittal and coronal sections showing heterogeneous collection in the left pararectal region with extension to the supralelevator region. **b** External appearance of the cyst

the dissection was continued from the ischiorectal fossa, and it was removed. The levator ani defect was closed laparoscopically using 2-0 polydioxonone sutures.

Histopathology of the cyst was reported as a benign pararectal cyst (Fig. 2).

Fig. 2 Histopathology of the cyst

Discussion

Pararectal cysts are a rare entity, the presentation of which is often varied [1]. A digital examination, transrectal ultrasound, CT scan, or MRI can help in the diagnosis [2].

A combined approach is useful to locate and remove the cyst intact; however, a lower approach is useful for low-lying lesions. Histopathology can differentiate between a rectal duplication cyst and a tail gut cyst.

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Conflict of Interest None

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