Editorial

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# Tailgut Cyst, Report of 24 Cases Single Center Experience

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Retrorectal tumor was first described in a case report in 1885 [1] and, according to the Mayo Clinic, is very rare, with a frequency of 1 in 40,000 patients [2]. The United States Armed Forces Institute of Pathology has published 53 cases over 35 years, showing that the condition is predominant in females and causes inflammation in half of the patient population. Biopsies in most patients have confirmed remnants of the embryonic tailgut [3]. This tumor can be malignant and then requires preoperative evaluation or surgery. Another study that published 34 cases over 22 years reported a higher probability of malignancy in male patients, patients who had painful symptoms, and patients of advanced age [4].

Sakr et al. [5] analyzed 24 patients who underwent surgery over 12 years; to the best of our knowledge, this is the first Korean case series. Similar to others, this study found that tumor occurrence was predominant in females, and that asymptomatic patients accounted for more than half of the total. The differences from previous studies were that tumor location was analyzed relative to the levator muscle, and that surgical approaches were classified as anterior with laparoscopy, posterior through the perineum, or a combined approach. Following this classification, the authors found the highest complication rate ($P = 0.021$) in the posterior group, and that a larger tumor size ($P = 0.001$) and more tumors located above the coccyx ($P = 0.002$) resulted in a higher rate of the combined approach.

It is also noteworthy that 10 cases were laparoscopically resected, indicating a recent trend of laparoscopic abdominal surgery. Laparoscopic excision of perirectal tumors approximately 4 cm in diameter was first reported in Korea in 2011 at the S4 level [6]; more recently, larger-sized excision at lower levels has also been introduced [7]. As noted in this study, in cases of the anterior approach using laparoscopy, nerve damage could cause sexual dysfunction and pelvic dyssynergia. Based on the author's experience, in cases of anterior laparoscopic approach, camera access is difficult due to a narrow pelvis during distal marginal ligation of the tumor. As a result, the structure around the pelvic floor is not clearly identified, which may result in injury to the pelvic muscle or the cyst itself. On the other hand, in cases of posterior perineal resection, damage to the anal sphincter is possible and demarcation of the cyst can be difficult because the proximal margin of the tumor is not identified. In such cases, as in this study, it is believed that the combined approach can compensate for the disadvantages of each approach.

When deciding on a surgical approach in perirectal tumor resection, the operator should always consider the possibility of damage to the ureter, adjacent nerves, and neighboring organs. *En bloc* resection without damage to the cyst during surgery should be performed with adequate preoperative assessment, even though the rate of malignancy is low [8, 9].

## CONFLICT OF INTEREST

No potential conflicts of interest relevant to this article were reported.

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