

EDİTÖRE MEKTUP/LETTER TO THE EDITOR

Laparoscopic large adnexial cyst excision by minimizing cyst size with veress needle technique

Veres iğne tekniği kullanılarak kist boyutunun küçültülmesi ile laparoskopik olarak büyük adneksial kitlenin çıkarılması

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Dear Editor,

We have read the case report by Gölbaş C. et al. with great interest. In their case report they have concluded that “Giant paratubal cysts are unusual masses and should be treated by laparotomy. The safety of laparoscopic management of paratubal cyst has been demonstrated, but it is believed that the size of paratubal cyst could be a limiting factor for laparoscopic surgery¹. One can decide to aspirate the cyst and then perform laparotomy but intraperitoneal spillage of cyst components may develop as a potential complication of paracentesis. This could result in tumor seeding of the peritoneal cavity or paracentesis tract if the cyst is malignant².



Figure 1 . Cyst content was aspirated with the Veress needle

We have recently had a case of a giant cyst case which was laparoscopically managed after aspiration, when a 21 year old woman admitted to our clinic for pelvic pain. An approximately 25 cm cystic pelvic mass without any other signs of malignancy, such as intracystic vegetations or papillae, or thick walled septae, was seen with transabdominal ultrasound. Open laparoscopy was used as the method of abdominal entry. During the procedure; cyst content was aspirated firstly with the Veress needle during laparoscopic direct observation. Approximately 7 liters of cystic fluid was aspirated. In order to prevent spillage, the tissue around the puncture hole was approximated and closed by grasping forceps and pulled up and therefore elevated towards the umbilicus to prevent spillage. After cyst aspiration, adnexial structures and pelvis were better visualized (Figure 1). Also, aspirating some degree of cyst content, cystic mass can be placed in the endobag³, and this approach can prevent leakage of cyst content in abdominal cavity (Figure 2). Such a procedure could be completed easily depending on patient characteristics. The cyst was diagnosed as paratubal cyst after aspiration and excised by laparoscopically.

Although several cyst size reduction techniques have been defined during laparoscopic procedure, veress needle method is simple, safe, and does not require

extra equipment except surgeon patience while minimizing the cyst.



Figure 2. Aspirating some degree of cyst content, cystic mass can be placed in the endobag.

The patient selection, however, is important and critical, in order to select cases with a low chance of malignity. Reducing the cyst content before further excision procedures could also help to have better cosmetic results as a result of less trocar use,

although cosmetic concerns should be secondary to the well being of the patient, as many would agree⁴.

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