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Letter to the Editor

Laparoscopic surgical approach for ovarian dermoid cyst

To the Editor,

We read with interest the article recently published in your journal entitled "A new concept of minimally invasive laparoscopic surgery utilizing the vaginal route to prevent iatrogenic spillage of dermoid cysts: The bathtub method."[1] The idea of using an endobag to prevent iatrogenic spillage from rupture of a dermoid cyst associated with its manipulation is not new.[2,3] In fact, we believe the approach described in this study could be considered a repetition rather than an innovation of a minimally invasive surgery. We would like to point out the fact that an endobag of any size can easily be inserted through a 10-mm port over the umbilicus while at the same time without compromising cosmesis, and can also avoid the potential risk of infection associated with the vaginal route, as well as any incidental trauma to the rectum from the trocar insertion. Moreover, concern on all the mentioned

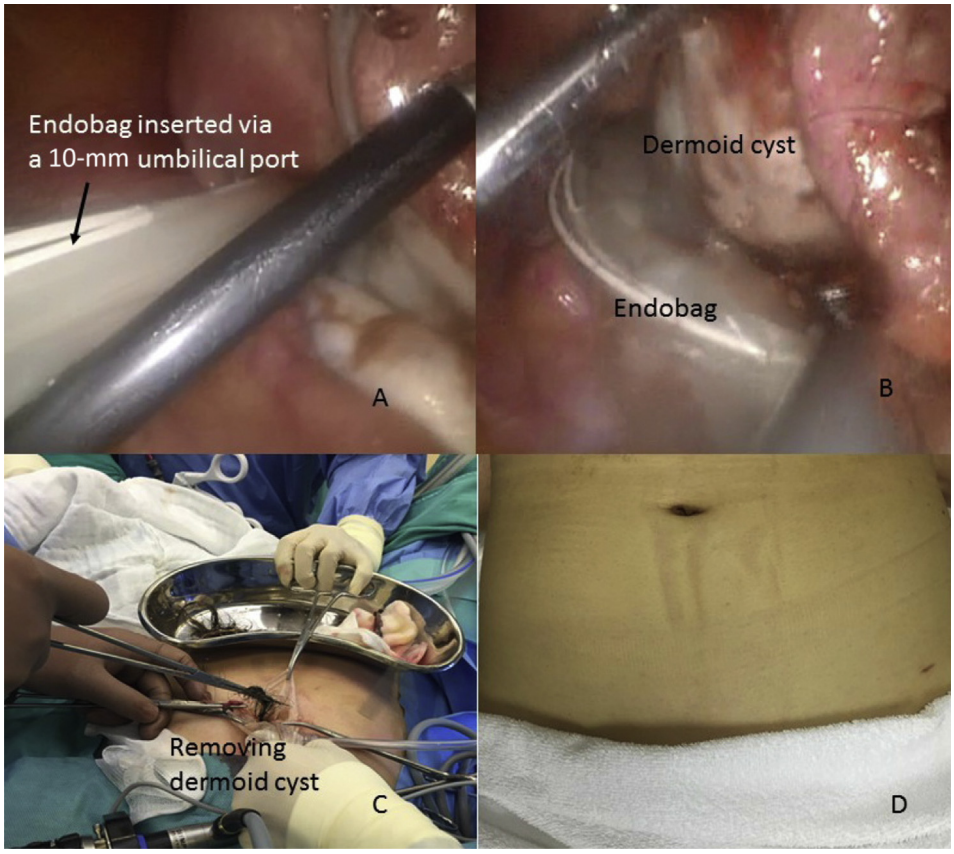

Figure 1. (A) An endobag was inserted through a 10-mm umbilical port; (B) the dermoid cyst was placed into and enclosed by the endobag; (C) the dermoid cyst with its contents was removed by piecemeal extraction via the enlarged 10-mm umbilical port; (D) the aesthetic appearance after surgery.

Conflicts of interest: The authors have no conflicts of interest relevant to this article.

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contraindications relating to insertion of the endobag using the vaginal approach can be avoided altogether. The removal of an endobag with its contents can be feasibly performed through either a 10-mm or an enlarged umbilical port wound, and neither the use of a minilaparotomy wound as described in the laparoscopic-assisted cystectomy approach nor the resultant iatrogenic spillage and chemical inflammation is necessary. In our opinion, the use of a minilaparotomy with open decompression of the dermoid cyst to achieve its removal as described in the laparoscopic-assisted cystectomy approach is more traumatic compared with the standard laparoscopic approach and should not be used as a reference for comparison. The use of the vaginal route for inserting an endobag is considered unnecessary because the "bathtub" effect can be achieved as long as the endobag is available inside the abdomen. Our surgical technique of using a modified three-port approach as described previously[4] could achieve comparable outcome on cosmesis, but without the downside associated with using the vaginal wound or the minilaparotomy wound. In our approach, an endobag was introduced via a 10-mm umbilical port and was positioned in the pelvis to "enclose" the dermoid cyst (Figures 1A and 1B), and two 5-mm conventional laparoscopic instruments operating through two operating ports (one at the umbilicus and one at the left lower abdominal quadrant) were used to perform the ovarian cystectomy. The dermoid cyst with its content within the endobag were then be removed by piecemeal extraction via the 10-mm or an enlarged umbilical port (Figure 1C). We have successfully been performing removal of dermoid cysts using this technique with reduced intraperitoneal spillage and excellent aesthetic result (Figure 1D).

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Wu Shun Felix Wong*
School of Women's and Children's Health, The University of New South Wales, Sydney, NSW, Australia

Tat Choi Eric Lee
Department of Obstetrics and Gynaecology, Canossa Hospital, Hong Kong, China

* Corresponding author. Room 521, Central Building, 1–3 Pedder Street, Central, Hong Kong, China.
E-mail address: fwong3@hotmail.com.hk (W.S.F. Wong).

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Reply

To the Editor,

We appreciate your comments and have provided herein our reply to each of them. You pointed out that the use of an endoscopic bag is not a new concept. We have mentioned in the Introduction section an article by Campo and Campo[1] who introduced the new concept of using a modified laparoscopic method with an endoscopic bag inserted through the vagina. You also pointed out that the laparoscopic-assisted cystectomy (LAC) approach is more traumatic than the standard laparoscopic approach and thus should not be used as a reference for comparison. This may be true, however, we think the standard laparoscopic approach is not suitable for surgical management of dermoid cysts owing to the reason we mention in the Introduction section. We have conventionally performed LAC for removing dermoid cysts at our hospital to avoid complications; therefore, we compared the bathtub method as a new concept with LAC as a conventional method.

We suppose the surgical technique of using a modified three-port approach could achieve comparable outcome in terms of cosmesis. However, in our opinion, it is not favorable to enlarge the umbilical port. We previously had several patients who developed cosmetic problems such as pigmentation and cicatrix of the umbilicus after undergoing laparoendoscopic single-site surgery, which employs multiple trocars or a multichannel platform through the umbilicus.[2,3] In addition, other complications such as umbilical eversion and herniation can occur.[4] The export pathways in the bathtub method were facile and convenient because the vaginal wall is more flexible than the abdominal wall.

References

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K. Mine*, M. Ichikawa, M. Sekine, H. Kaseki, S. Ono, T. Abe, S. Akira, T. Takeshita
Division of Obstetrics and Gynecology, Nippon Medical School, Tokyo, Japan

* Corresponding author. 1-1-5, Sendagi, Bunkyo-ku, Tokyo, 113-8602, Japan. Tel.: +81 3 3822 2131; fax: +81 3 5685 1791.
E-mail address: masai@nms.ac.jp (K. Mine).