骶前囊肿的临床特点及外科诊疗
Clinical Features and Surgical Management of Presacral Cysts — A Rare Disease
오늘은 희귀질환인 천골전 낭종의 임상적 특징과 수술적 진료에 대해 공유해 드리겠습니다.

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DECLARATION OF INTERESTS

I have no interests to declare.

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骶前囊肿的临床特点

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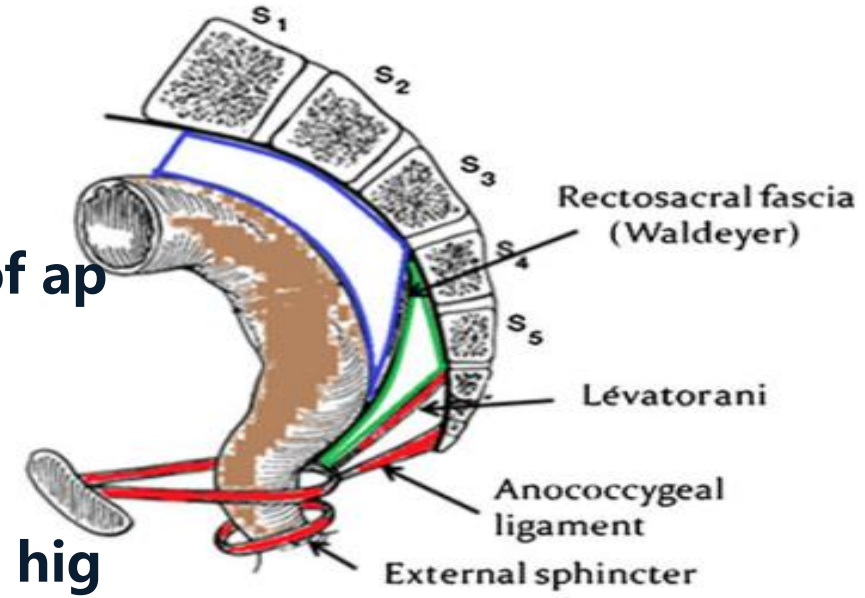
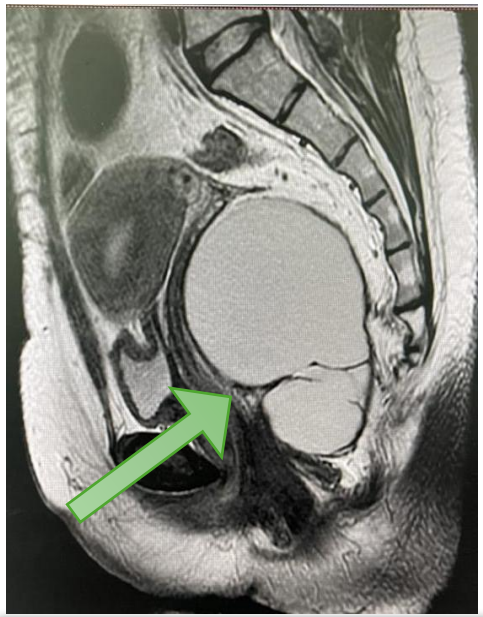
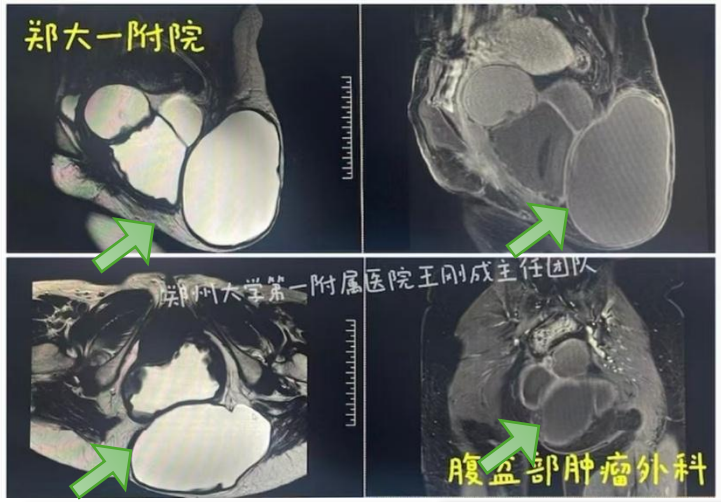
什么是骶前囊肿？ What is a presacral cyst?

- 定　　义：位于骶骨前间隙的囊性肿物
- Defination: Cystic mass located in the presacral space
- 发 病 ：相对少见，以女性为主，男 : 女 ≈ 1 : 15
- It predominates in females, with a male-to-female ratio of approximately 1:15.
- 常常首先就诊于妇科，容易误诊。
- Patients frequently present initially to gynecology, with a high risk of misdiagnosis.
- 早期无显著临床症状。
- There are no obvious clinical symptoms in the early stage.
- 90%以上是良性，极少数是恶性。
- More than 90% are benign; with only a small minority being malignant.



什么是骶前囊肿？ What is a presacral cyst?



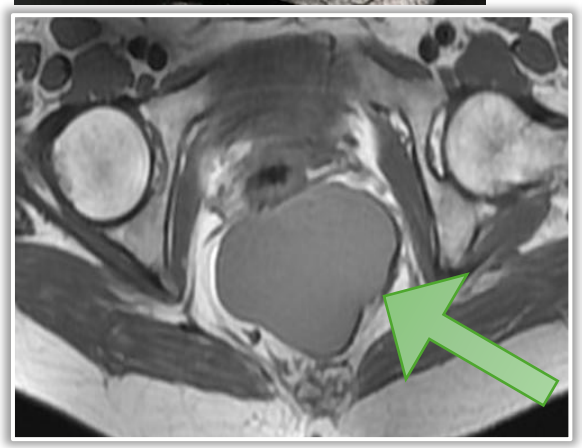


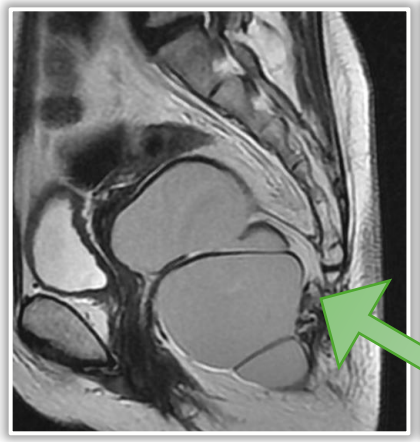
这是骶前囊肿的影像学特点，
有单个的，也有多发的

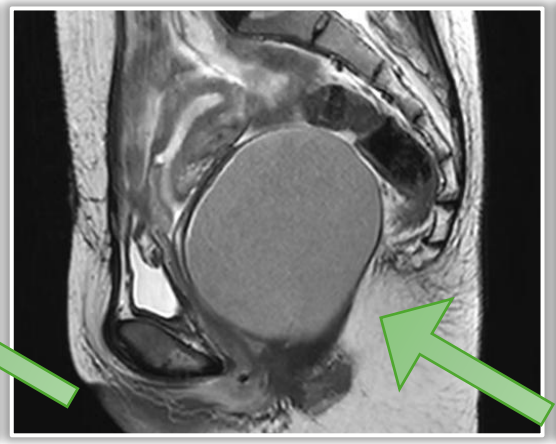
These are the imaging features of pres

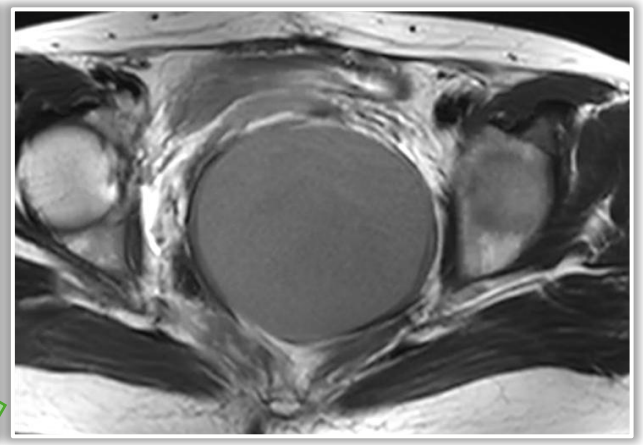
acral cysts.

Lesions can be solitary or multiple.

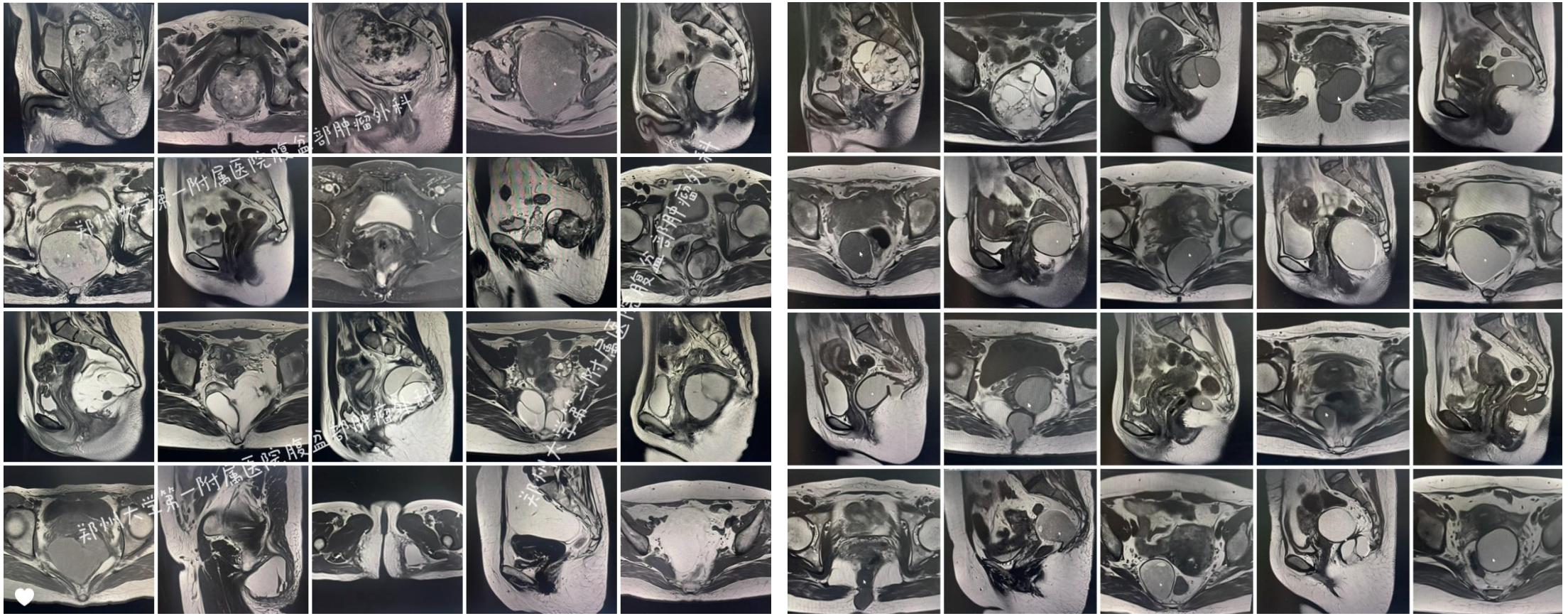






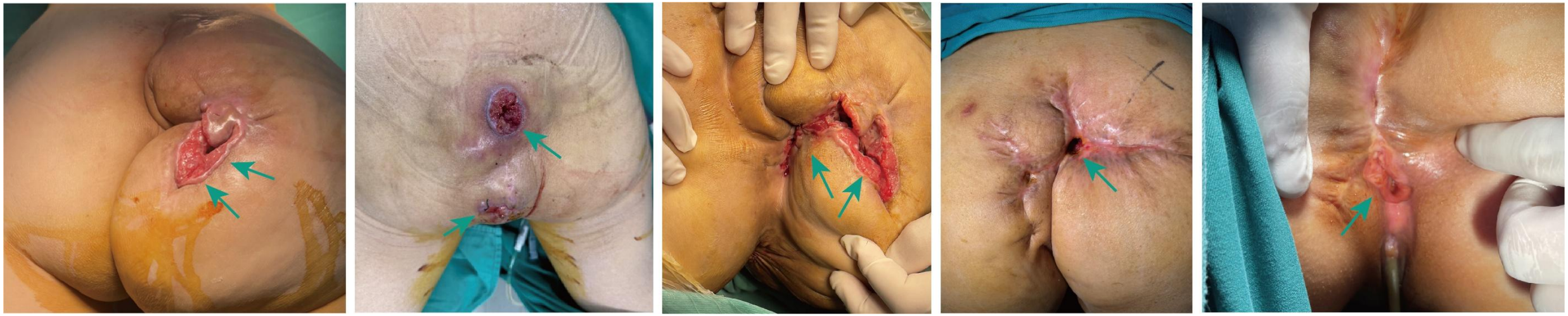


什么是骶前囊肿？ What is a presacral cyst?



- 骶前囊肿虽然不常见，我们中心基本上收治了世界上最多的骶前囊肿，截止到目前为止，我们已经收治了超过500例骶前囊肿患者，包括来自澳大利亚、香港等地。
- Although presacral cysts are uncommon, our center treats the largest cohort of presacral cyst patients worldwide. Up to now, we have managed more than 500 patients with presacral cysts, including referrals from Australia, Hong Kong and other regions.

什么是骶前囊肿？ What is a presacral cyst?



Benign==Simple? No!

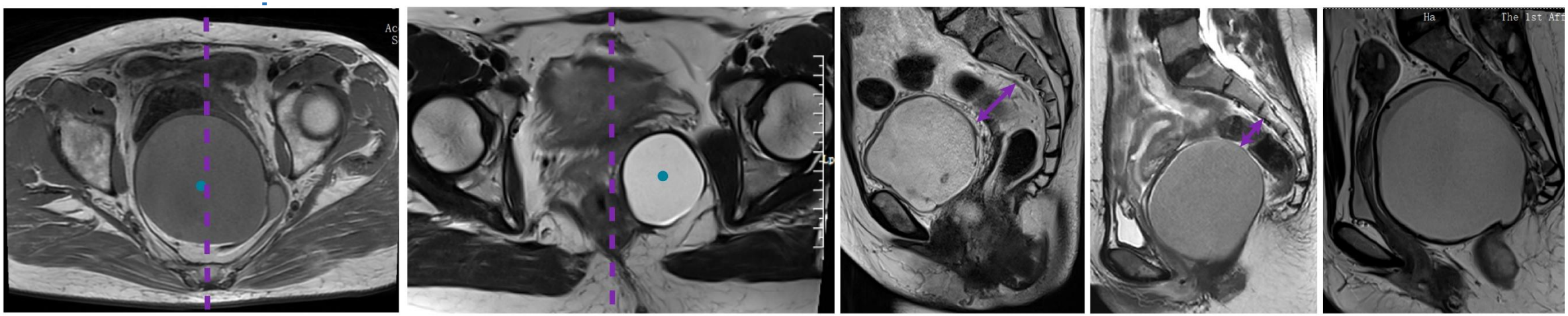
- 很多医生认为骶前囊肿是良性的，很简单，其实非常复杂
- 不完整切除必定会复发，复发患者极其痛苦，伴随感染、窦道形成、肠瘘、疼痛等
- 这是一些复发的骶前囊肿患者，非常痛苦，反复复发可能使囊肿恶变。
- Many clinicians believe presacral cysts are benign and straightforward to treat, but cysts are actually highly complex.
- Incomplete excision will definitely lead to recurrence. Patients with recurrent disease suffer tremendously, accompanied by infection, sinus formation, enteric fistula, pain and other complications.
- These are several patients with recurrent presacral cysts . Repeated recurrences may increase the risk of malignant transformation of the cyst.

骶前囊肿分型

Classification of Presacral Cysts

천골전 낭종의 분류

- 不同的分型有利于选择合适的手术方式
- Different classifications help us select appropriate surgical



- 中心型骶前囊肿
- 偏心型骶前囊肿
- Central-type presacral cyst
- Eccentric-type presacral cyst

- 远离骶骨型骶前囊肿
- 紧贴骶骨型骶前囊肿
- Distant-from-sacrum type presacral cyst
- Sacrum-adherent type presacral cyst

- 不同的分型有利于选择合适的手术方式
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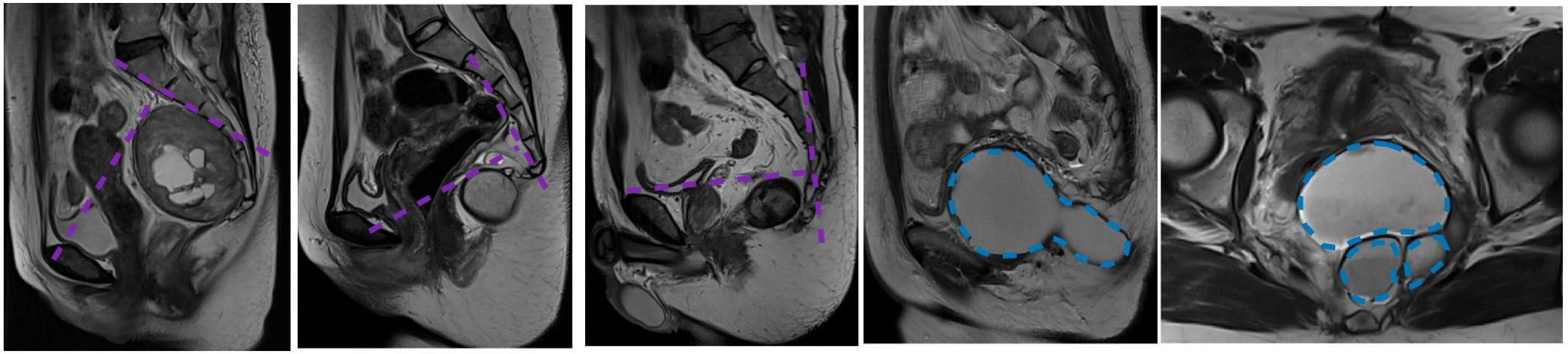


- 高位骶前囊肿（高于S4下缘）
- 低位型骶前囊肿(低于S4下缘)
- High presacral cyst (above the inferior margin of S4)
- Low presacral cyst (below the inferior margin of S4)

- 单发骶前囊肿
- 多发骶前囊肿
- Solitary-type presacral cyst
- Multiple-type presacral cyst

骶前囊肿的核心外科理念

Core Surgical Principles of Presacral Cysts

천골전 낭종의 핵심 수술 원칙

四大核心理念 There are four core principles

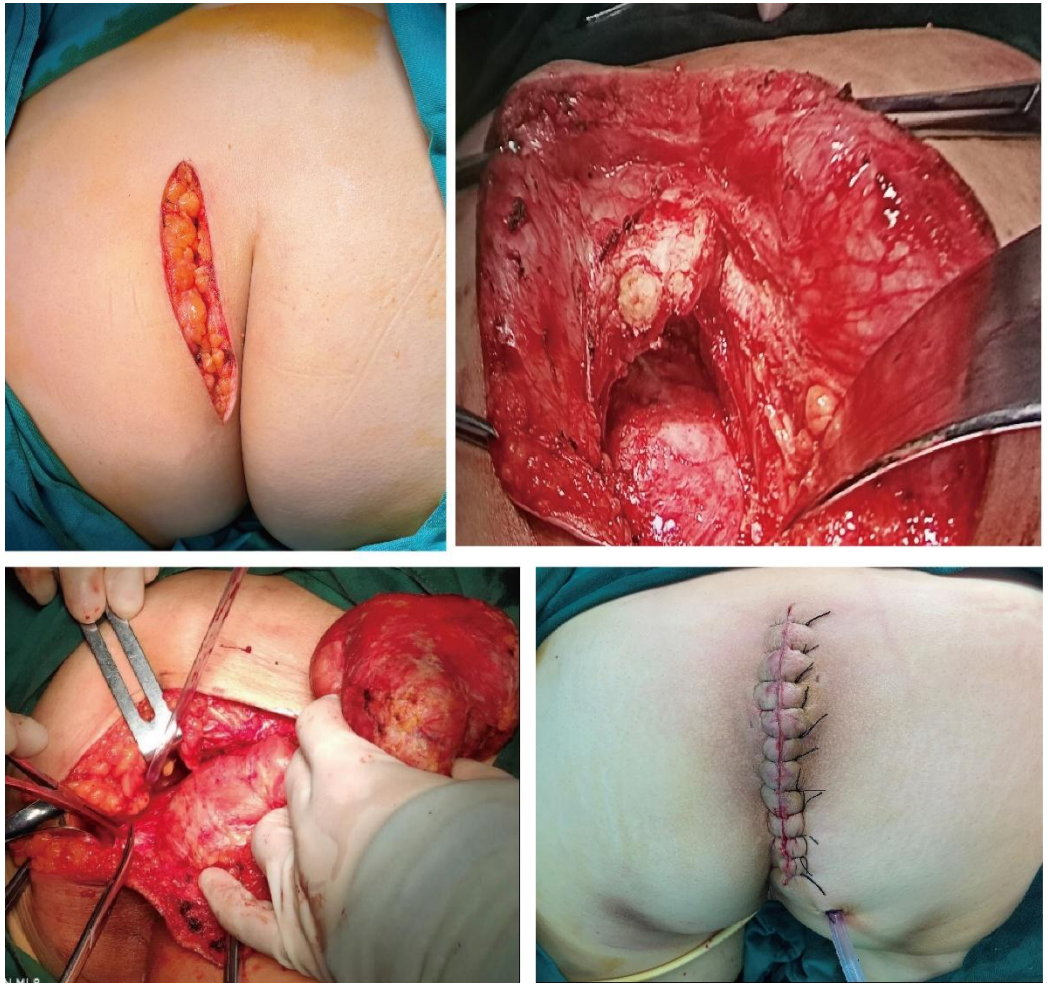
- 完全切除囊壁，避免残留
- 不推荐穿刺引流，穿刺引流不能根治囊肿，且大大增加手术难度
- 不推荐姑息烧灼以及打硬化剂
- 必要时切除部分骶尾骨，避免复发
- Complete excision of the cyst wall to avoid residual tissue.
- Puncture and drainage is not recommended. It cannot cure the cyst and will significantly increase the difficulty of subsequent surgery.
- Palliative cauterization and sclerotherapy are not recommended.
- Partial sacral resection is performed when necessary to prevent recurrence.

骶前囊肿的手术方式

Surgical Approaches for Presacral Cysts

천골전 낭종의 수술 방식

俯卧位纵切口入路（Kraske切口）
Prone vertical incision approach (Kraske incision)



俯卧位纵切口入路骶前囊肿切除术
Excision of presacral cyst via longitudinal incision in prone position

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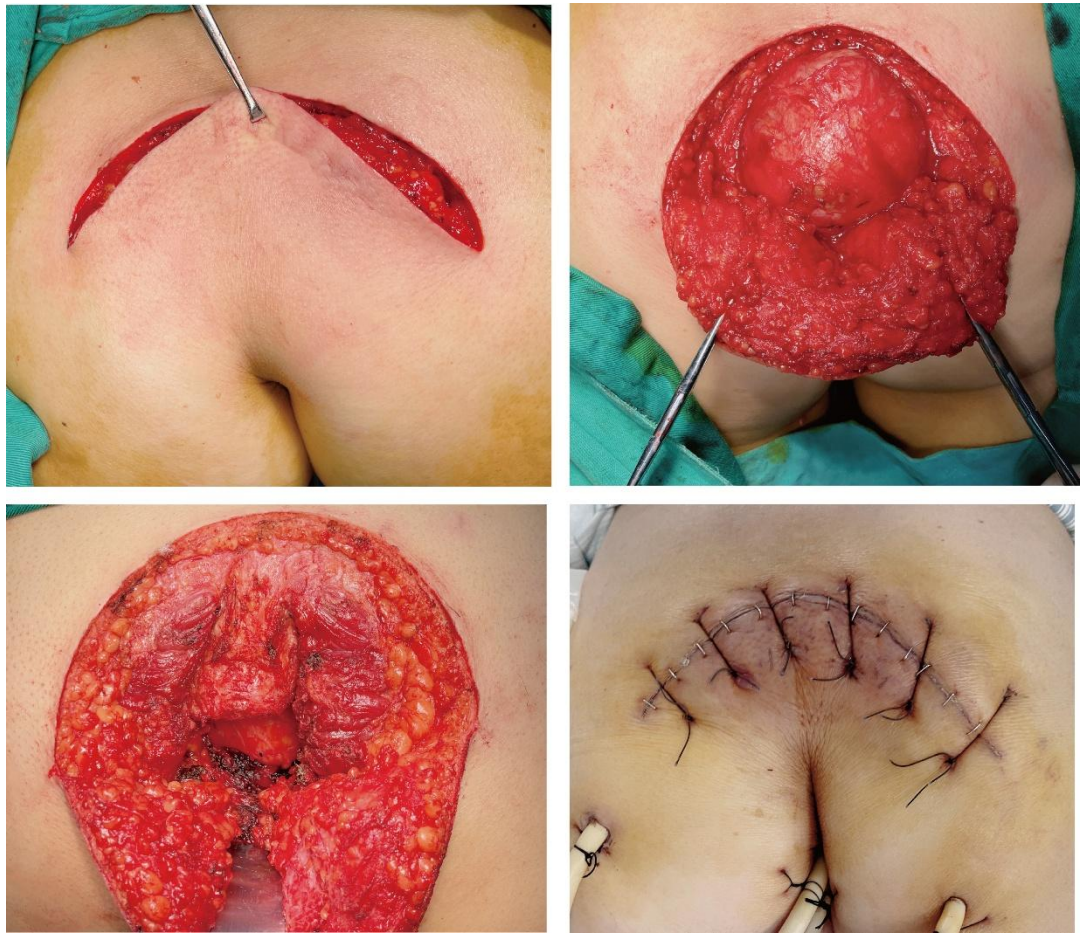
适用于囊肿体积小，低位骶前囊肿 It is suitable for small and low presacral cysts.

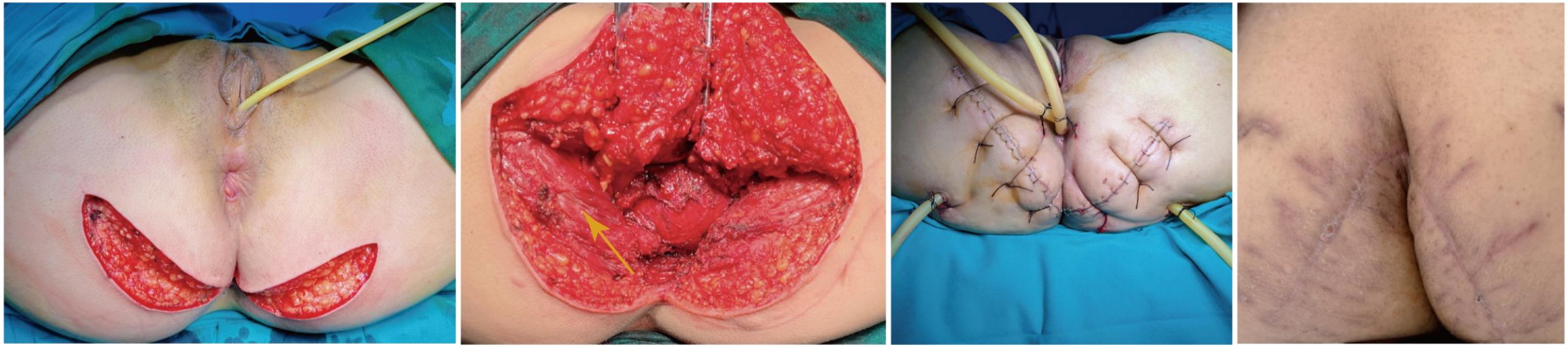
俯卧位弧形切口入路
Prone curved incision approach



适用于低位骶前囊肿、中心型骶前囊肿

It is suitable for low presacral cysts and central-type presacral cysts.

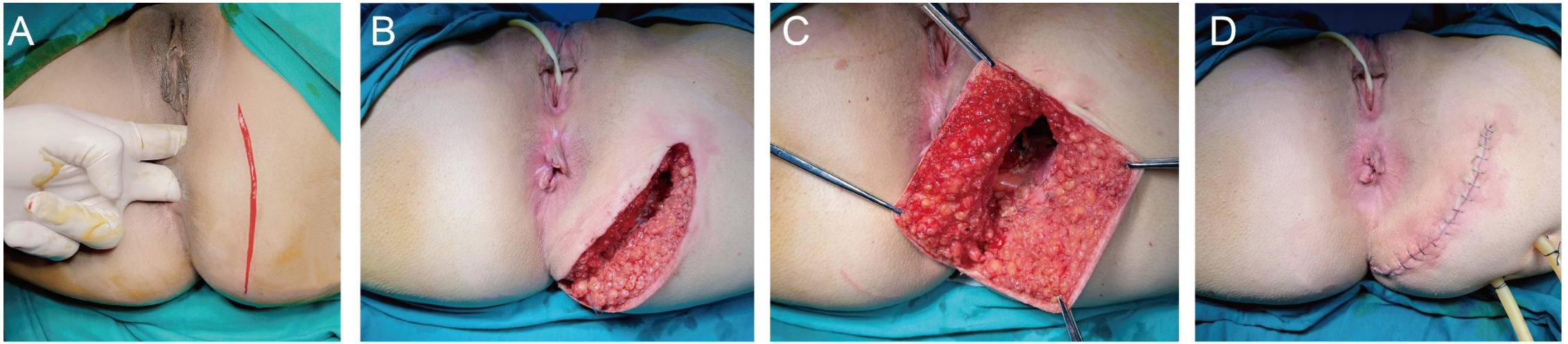
截石位弧形切口入路（Wang's 切口）
Lithotomy curved incision approach, namely Wang's incision.



适用于复杂骶前囊肿、高位骶前囊肿，紧贴骶骨型骶前囊肿

It is suitable for complex presacral cysts, high presacral cysts, and presacral cysts adherent to the sacrum

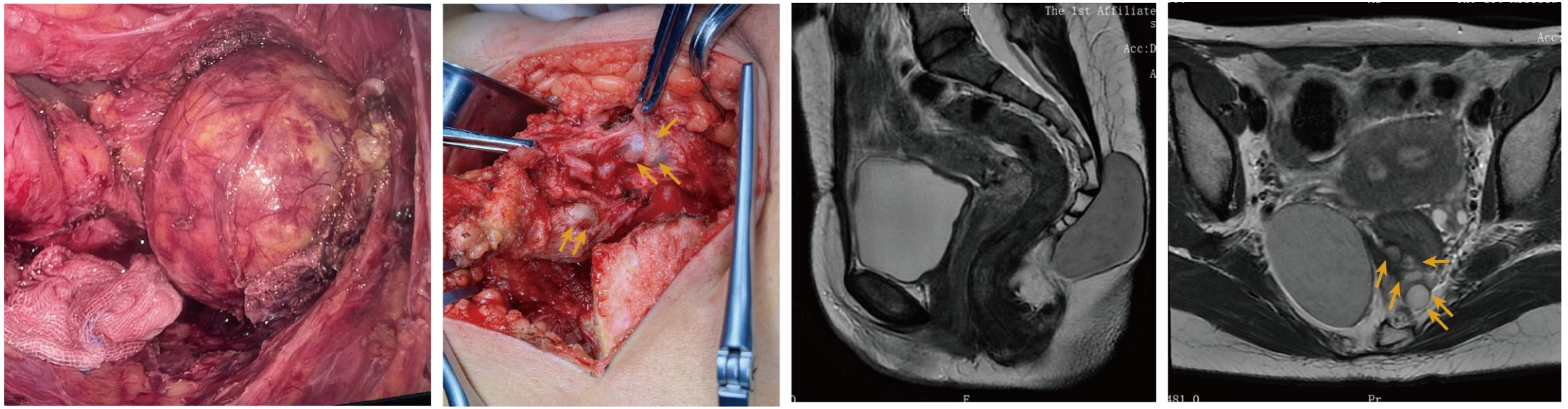
经会阴侧方切口入路（Wang’s I型切口）
Transverse perineal incision approach (Wang's type I incision)



适用于偏心型骶前囊肿

It is suitable for eccentric-type presacral cyst

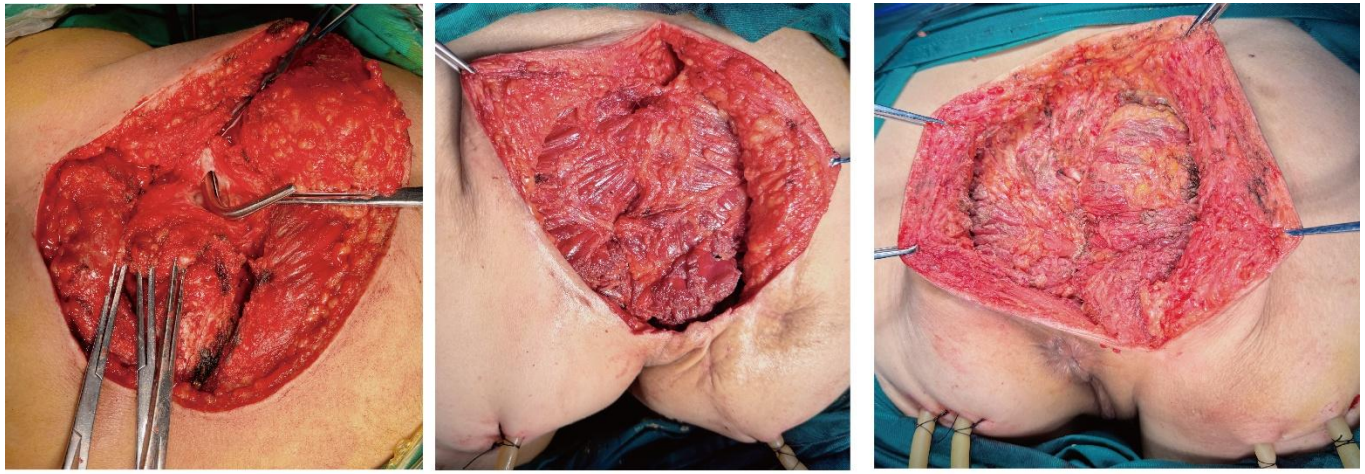
经腹腹腔镜入路
Transabdominal laparoscopic approach



腹腔镜不适用于有多发小囊的骶前囊肿以及位于骶骨后的骶前囊肿

Laparoscopic approach is not suitable for presacral cysts with multiple small cysts and those located posterior to the sacrum.

合并肠瘘的骶前囊肿---如何处理?
Presacral cyst complicated with intestinal fistula---What should we do?



臀大肌肌瓣修补直肠壁和阴道壁，避免肠造口

Repair rectal wall and vaginal wall with gluteus maximus muscle flap to avoid enterostomy

二期愈合可选 Secondary healing is optional

Korean Society of
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