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VIDEO FORUM

Robotic APR with en bloc TAH/BSO and posterior vaginectomy

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Squamous cell carcinoma of the anal canal is first treated with the Nigro protocol, a curative intended course of chemoradiation, first described in 1974 [1]. This treatment has a high success rate; however, up to 33% of patients have recurrent or persistent disease requiring operative treatment [2, 3]. The operation for these patients is an abdominoperineal resection (APR), commonly referred to as a salvage APR [2]. The morbidity and complication rates of this surgery have been described, with a wound complication rate as high as 80% [2, 3]. Despite this, disease-free survival rates have been described as high as 77% [3]. APR has been well described in the minimally invasive fashion, both robotically and laparoscopically [4].

We present a patient with persistent disease after completion of the Nigro protocol, with loco-regional advancement and invasion into the vagina. This patient received a robotic APR with en bloc resection of the posterior vagina and total abdominal hysterectomy (TAH) with bilateral salpingo-oophorectomy (BSO), with a flap reconstruction of the vagina and perineum. This was a multidisciplinary surgical resection from various subspecialties, including colorectal surgery, gynecological oncology, and plastic and reconstructive surgery. Appropriate consent was obtained from the patient. While there are various descriptions of minimally invasive en bloc pelvic resections [5], there are few descriptions of a robotic resection of these specific anatomic structures.

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Data availability Data sharing is not applicable to this article, as no datasets were generated or analyzed during the current study.

Declarations

Conflict of interest The authors declare that they have no conflict of interest.

Consent to publish Written informed consent for publication of their clinical details and/or clinical images was obtained from the patient. A copy of the consent form is available for review by the Editor of this journal.

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