

## Combined anterior and posterior approach robot-assisted resection of a giant and complex abdominoperineal angiomyo-fibroblastoma in a male patient

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**Introduction & Objectives:** Angiomyo-fibroblastoma is a rare benign mesenchymal tumor that arises predominantly in the female pelvis and genital tract. Less common sites of presentation are the scrotum, the spermatic cord, and the retroperitoneum. We present a combined anterior and posterior approach robot-assisted technique resection of a rare and giant abdominoperineal angiomyo-fibroblastoma in a male patient.

**Materials & Methods:** The present video, produced in 2020, reports a case of a 61-year-old man who starts to complain about a perineal swelling and dysuria. A physical examination a bulging mass arising from the left half of the perineum was noted. An MRI was made showing a 20 x 10 cm mass in the true pelvis, between the bladder and the rectum, developing vertically down toward the perineal floor, compressing the myofascial structures till the subcutaneous tissue, embracing and squeezing the membranous and prostatic tract of the urethra. A cystoscopy was also made to rule out malignancy growing from the urinary tract and confirming an ab extrinseco compression. A percutaneous ultrasound-guided biopsy was made resulting in a diagnosis of an angiomyo-fibroblastoma-like mass. Hence, given the benign nature of the mass, we decided to perform a minimally invasive technique despite the huge dimensions of the tumor. The port placement was the classical standard for a robotic prostatectomy at our institution. DaVinci Xi System was used. A 12 mm trocar was placed 1 cm below the umbilicus; the 8 mm robotic arm port was placed 10 cm away from the midline camera port on the left and right side. An additional robotic port was placed on the left side, 4 cm above the anterior superior iliac spine. A 12 mm port was placed on the right side using the same landmarks of the left-side port. Finally, a 5 mm port was placed between the midline camera port and the first robotic port on the right. A combined posterior and anterior transperitoneal approach was used both to isolate the tumor from the anterior wall of the rectum and to achieve the complete resection of the mass anteriorly attached to the urethra.

**Results:** A cystogram was performed 14 days after surgery showing complete healing of the anastomosis without leakage.

**Conclusions:** The robotic approach is safe and effective for the treatment of this large angiomyo-fibroblastoma. It is our opinion that the combination of the anterior and posterior approaches was the key to the treatment of this case. The robotic technique, particularly with the use of a DaVinci Xi console, allowed for easy access to the narrow surgical field. The robotic approach allowed also for a mini-invasive treatment of a benign condition, making the surgeon capable to perform a resection of a large tumor without multiple surgical incision, to preserve anatomical structures, and to achieve good functional outcomes.