PRELIMARY EXPERIENCE IN ROBOTIC PYELOPLASTY IN OUR CENTRE

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Introduction
In the last 20 years, the mini-invasive surgery changed the approach many procedures, allowing to use minimal skin incisions and ensuring an hospitalization and postoperative care more quick.

Case Report
We present a case report to share our preliminary experience in robotic reality. The patient was a male 9 years old with diagnosis of pelvic-ureteric junction obstruction (PUJO). The resection of ureteropelvic junction and pyeloplasty were performed with da Vinci system, which is one of two available robotic surgery sistems. One trocar 12 mm 2 cm long supraumbelical, two 8 mm trocars and one 5 mm were used. No intraoperative or postoperative complications there were. Operating room time was of 3 hours. Postoperative care was good, patient required analgesia for 1 day and he was discharged on 7th postoperative day. The JJ stent was removed after 4 weeks.

Discussion
Pediatric surgery adapted slowly to this new surgical kind due to the difficulty to find small instruments to use in children. This was the same problem with the onset of laparoscopy. To date robotic surgery can be considered the gold standard in some procedures as prostatectomy and timectomy in adults or pieloplasty in children over 2 years. The final balance of our preliminary experience in robotic surgery is absolutely positive. There were measurable improvement in patient outcomes: limited postoperative pain, good postoperative care, early discharge.

Conclusions
In conclusion, we think that robotic surgery must be considere a good option in pediatric surgery especially when the laparoscopic approach can not applied. It's clear that a learning curve is necessary to improve the performance and reduce the operating room time, which is to date the main limit.

PRENATAL DIAGNOSIS OF A CYSTIC PRESACRAL MASS IN A NEONATE: A DIFFICULTE CHALLENGE

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Introduction
A presacral cystic mass with prenatal diagnosis can represent a diagnostic dilemma for surgeon. Differential diagnosis includes sacrococcygeal teratoma, anterior sacral meningocele, dermoid cyst, rectal duplication cyst. Information obtained from imaging is also critical for management but sometimes is not enough. We present a case of a neonate with presacral cystic mass treated at our department.

Case Report
A neonate (female) with presacral mass detected by prenatal ultrasonography and confirmed with fetal magnetic resonance imaging (MRI) came to our attention. She was asymptomatic and neurological problems were not evident. On the 1st week of hospadalization, blood exams showed an increased alpha feto-protein level. Pelvis and lombosacral MRI was performed showing an homogeneous presacral midline mass with signal characteristics of fluid lesion adjacent to rectum wall without spine cord abnormalities and no evidence of communication between the mass and the neural structures. Surgery was performed at one month of life with complete excision of mass. Posterior sagittal approach was used with sphincter sparing. Macroscopic feature of mass consisted of multiple cyst with different content. The hystologically diagnosis was of "mature multilocular teratoma". Last follow up done at one month after surgery and patient was well and healthy.

Discussion and Conclusions
To date the diagnose of presacral mass can be done in antenatal period by ultrasound and fetal MRI. However the differential diagnosis of presacral mass with cystic feature is so much difficult and many possibilities can be considered. For this reason, the surgical management is the first option of treatment and the hystologycal exam is the single most important procedure to definitive diagnosis. In conclusion we think that a complete excision of a presacral cystic mass can be performed and approched by sacral skin incision and the sparing sphinter should be ensured.