

Is a minimally invasive approach for spleen surgery a good indication?

It passed over one century after the first description of splenectomy by Sutherland and Burghard in 1910. The development of surgical technology has incredibly grown to date. The minimally invasive surgery with both laparoscopic, and robotic is commonly performed everywhere. Indications of minimally invasive surgery are increasing, from the classical splenomegaly to the urgent splenectomy. Moreover, the robotic approach allows us to perform a more easily distal pancreatectomy with spleen preservation. *Annals of Laparoscopic and Endoscopic Surgery (ALES)*, is dedicating this focused series to “Minimally Invasive Spleen Surgery”, with outstanding experts contributing with their experience and review of the latest news from the scientific literature. From the classical indication of splenectomy to the more out guidelines indications. The technique of laparoscopic splenectomy has been reported in a study from Spoletini and colleagues (1). The benefit of the minimally invasive approach is underlined by a meta-analysis of laparoscopic versus open splenectomy (2). A comparative narrative review demonstrated the feasibility of laparoscopic splenectomy in an emergency department (3). The robotic surgical technique is developed by two Italian groups, from Firenze and Pisa (4,5). More technically tricky procedures as partial splenectomy are described (6). A review of the literature will be focused on the idiopathic thrombocytopenic purpura (7). And a “How I do it” video technique of laparoscopic splenectomy is reported.

With the present focused series, *ALES* readers will have the opportunity to update their knowledge on the spleen surgery performed by a minimally invasive approach.

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References

1. Spoletini D, Lisi G, Levi Sandri GB, et al. Technique of laparoscopic splenectomy. *Ann Laparosc Endosc Surg* 2020;5:23.
2. Levi Sandri GB, Spoletini D, Tarantino G, et al. Open versus laparoscopic splenectomy a meta-analysis of larger series. *Ann Laparosc Endosc Surg* 2020;5:36.
3. Levi Sandri GB, Spoletini D, Lamacchia G, et al. Emergency splenectomy: is there a role for laparoscopy? *Ann Laparosc Endosc Surg* 2020. doi: 10.21037/ales-20-82.
4. Guerra F, Paolini C, Coratti A. Robotic spleen-preserving distal pancreatectomy. *Ann Laparosc Endosc Surg* 2020;5:24.
5. Kauffmann EF, Napoli N, Menonna F, et al. Robot-assisted spleen preserving distal pancreatectomy: case report. *Ann Laparosc Endosc Surg* 2021;6:13.
6. Rossetti ARR, Striano A, Noviello A, et al. Laparoscopic partial splenectomy for a splenic cyst. *Ann Laparosc Endosc Surg* 2020;5:43.
7. Vecchio R, Intagliata E. Idiopathic thrombocytopenic purpura: current therapeutical strategies and review of the literature on outcome after splenectomy. *Ann Laparosc Endosc Surg* 2020. doi: 10.21037/ales-19-260.



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