

Do we really need additional arms in thoracic surgery?

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We read the article by Xu *et al.* in your journal with interest (1). I would like to address some questions and points to the editors on their case presentation.

First of all, I would like to ask the cost, the total duration of anesthesia and the surgery. In many countries, use of robotic systems increase the total hospital costs dramatically, thus is not covered by the governmental general health system. Additionally, the docking procedure and use of the additional arms should have surely increased the total anesthesia duration compared to the well-known video-assisted thoracic surgery (VATS), and may have produced a risk for a patient with hypertension and diabetes.

A recent meta-analysis has shown that robotic surgery has similar postoperative outcomes, morbidity, and mortality with VATS (2). Especially for the reported type of non-diagnosed or cystic mediastinal masses, the use of a robotic system seems to be a little “too inappropriate and expensive”, and also little more invasive, when the lesion could be excised from one or two small ports. All cystic lesions of mediastinum, including bronchogenic cysts like this, can rapidly, safely and effectively be removed via VATS, with no additional surgical instrument or cost (3).

In light of all data in current literature, the use of robotic surgery for thoracic surgery is still controversial, but definitely not to be thought and chosen for such minor operations.

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Footnote

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