

The NESA transoral thyroidectomy at a crossroad

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We read with great interest the excellent article "Transoral thyroid and parathyroid surgery via the vestibular approach—a 2020 update" by Jonathon O. Russell et al. (1).

We feel privileged that this novel approach which we named Transoral Video-Assisted Thyroidectomy (TOVAT) which has been initiated by the New European Surgical Academy (NESA) in 2007 (2,3) got such an extended interest and distribution.

Certainly, this approach promises an improvement to the 140 years old Kocher's cervical approach, but like any new surgical approach, the Trans Oral approach requires knowledge and learning curve. The surgeon is expected to have extensive experience in both, thyroid and endoscopic surgery. Furthermore, we should keep in mind that this approach already yielded complications that are inherent to the method itself as mentioned by Russell et al. (1) Therefore, it is legitimate to ask if the transoral thyroidectomy is indeed an improvement to the traditional cervical approach, which is highly standardized and safe procedure with low morbidity. We have to admit that the transoral thyroidectomy does not fulfil at the moment the well-established criteria and standards and it is even an ethical dilemma when offering this approach to the patient. Aesthetics is certainly an important issue but should never be at the expense of safety.

We certainly believe that our approach should be realized but not before the development of appropriate simulators, designed instruments and surgical (pre-clinical) workshops.

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References

- Russell JO, Sahli ZT, Shaear M, et al. Transoral thyroid and parathyroid surgery via the vestibular approach-a 2020 update. Gland Surg 2020;9:409-16.
- 2. Benhidjeb T, Wilhelm T, Harlaar J, et al. Natural orifice surgery on thyroid gland: totally transoral video-assisted

thyroidectomy (TOVAT): report of first experimental results of a new surgical method. Surg Endosc 2009;23:1119-20.

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3. Benhidjeb T, Harlaar J, Kerver A, et al. Transoral endoscopic thyroidectomy: Part 2: Surgical technique. Chirurg 2010;81:134-8.