Comment on: Shatagopam K, Bahler CD, Sundaram CP. Renorrhaphy techniques and effect on renal function with robotic partial nephrectomy. *World J Urol.* 2020;38: 1109–12

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Dear Editor,

We read with interest the study by Shatagopam et al. addressing renorrhaphy techniques for partial nephrectomy and its impact on renal function [1]. The authors performed a non-systematic review of the literature and found three articles that retrospectively analyzed whether a single or double-layer of suture for hemostasis would influence the renal function. The double-layer technique was associated with greater loss of renal parenchyma, diminishment of glomerular filtration rate and in split renal function.

A question to be made is if the hemostatic suture technique could influence the oncological outcomes. Positive surgical margins (PSM) during partial nephrectomy occurs in 8% of the patients and it is the only oncological parameter that the surgeon can influence [2]. Although the real impact of PSM in tumor recurrence still elicits debate, it seems that only a minimal parcel of the patients presenting this feature will have disease progression [3]. One may hypothesize that after the tumor removal, the mechanism of oncogenic signaling is damaged, disfavoring the malignant cell's development in cases of PSM. Another possibility is that the local ischemia in the tumor bed resultant of parenchymal suturing produces a hostile environment for cell growth. As noted by Shatagopam et al., double-layer suture causes more local ischemia and consequently may preclude the development of remnant tumor cells [1]. We hope to find an answer in

the ongoing prospective trial and encourage the authors to report the long-term oncological outcomes for the different renorrhaphy techniques.

Compliance with ethical standards

Conflict of interest The authors declare that they do not have any conflict of interest.

Ethics approval This is a letter to the editor. Our IRB has confirmed that no ethical approval is required.

Human and animals participants Not applicable.

Informed consent Not applicable.

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