LETTER TO THE EDITOR

In Reply: Continuing Discussion Regarding Novel Technique for Inguinal Lymphadenectomy

TO THE EDITORS:

We would like to thank Drs. Sommariva, Pasquali, and Rossi for their thoughtful commentary regarding our recent publication in the *Annals of Surgical Oncology*.¹ As the authors noted, we recently presented a follow-up at the annual Society of Surgical Oncology Cancer Symposium that provided a better characterization of outcome, complications, length of stay, and drain usage in a larger group of patients. That manuscript is in revision and will hopefully be in press shortly. We agree that the most significant benefit of a minimally invasive approach is a reduction in complications. As such, it is worth noting that although we reported 2 of 5 patients in the feasibility study developed cellulitis, we believe that in retrospect, this may have been an overstatement.¹ We have since developed a suspicion that the observed erythema may have been reactive rather than infectious in origin as the patients had neither a fever nor an elevation in white blood count, and several other subsequent patients developed similar erythema that resolved without antibiotic usage.

In response to the questions regarding the technical aspects of the procedure, we agree that clips would be a potential alternative to using an endoscopic stapler; however, in patients with a large saphenous vein, clips may not fully traverse the width of the vein, and moreover the stapler has not posed any difficulty for us to date. Alternative methods could also be used including a suture loop, intracorporal application of a ligature (which we believe would be extremely unwieldy in the limited working space of the thigh), and consideration of an alternative energy device that may effectively seal a vessel the size of the saphenous vein. Despite these options, we have found no limitations in the use of the stapling device. The authors also inquired about the potential for performing an ilio-obturator or “deep pelvic” lymphadenectomy using a minimally invasive approach. While we are not certain we understand the approach that Drs. Sommariva and

colleagues have described using a 30° scope, the laparoscopic approach to the ilio-obturator dissection has been well described and we fully support its application and do not believe that it would be difficult to perform concurrently with a groin dissection, albeit necessitating different port sites. Laparoscopic as well as robotic-assisted dissection of deep nodes has been performed in both a transperitoneal and extraperitoneal fashion for diverse malignancies, with the bulk of data coming from studies of laparoscopic node dissection in the context of genitourinary malignancies.^{2,3} A final note with respect to this aspect of the procedure: although at our institution it is no longer our routine to biopsy Cloquet’s node, we have, at least twice, easily removed it for histologic evaluation via the videoscopic approach, thus proving it accessible using this technique.

We appreciate Dr. Sommariva and colleagues’ thoughtful comments and, like him, believe that ultimately, a prospective, randomized trial will be best suited to answer the question of the applicability of this technique. We have embarked on this endeavor and have begun enrolling patients. We thank the authors and the editors for the opportunity to reply.

Keith Delman, MD^{1,3}, and Viraj Master, MD, PhD^{2,3}

¹Department of Surgery, Emory University, Atlanta, GA;

²Department of Urology, Emory University, Atlanta, GA;

³The Winship Cancer Institute, Emory University, Atlanta, GA

e-mail: kdelman@emory.edu

Published Online: 23 July 2010

© Society of Surgical Oncology 2010

REFERENCES

1. Delman KA, Kooby DA, Ogan K, Hsiao W, Master V. Feasibility of a novel approach to inguinal lymphadenectomy: minimally invasive groin dissection for melanoma. *Ann Surg Oncol*. 2010;17:731–7.
2. Pruthi RS, Wallen EM. Robotic-assisted laparoscopic pelvic lymphadenectomy for bladder cancer: a surgical atlas. *J Laparoendosc Adv Surg Tech A*. 2009;19:71–4.
3. Eden CG, Arora A, Rouse P. Extended vs standard pelvic lymphadenectomy during laparoscopic radical prostatectomy for intermediate- and high-risk prostate cancer. *BJU Int*. 2010 Feb 3 [Epub ahead of print].