



ASO Author Reflections: A Promising Approach of Endoscopic Surgery for Lateral Neck Dissection in Patients with N1b Papillary Thyroid Cancer

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Currently, several approaches for endoscopic surgery (ES), including video-assisted, chest–breast, transoral, and hybrid (chest and transoral) approaches, have been developed for lateral neck dissection (LND) in patients with papillary thyroid cancer (PTC)¹. However, the technical difficulties and trauma of these remote access methods for LND can be daunting for most patients with PTC and surgeons. Therefore, new approaches should be explored, not only with the ability to dissect cervical lymph nodes radically, but also requiring a short access incision and producing good cervical cosmetic outcomes.

Zheng et al.² successfully developed an endoscopic surgery via subclavicular approach (ESSA) for LND. This approach could be performed safely with a short access incision. Thus, ESSA is minimally invasive and could avoid scarring on the neck. Another advantage of ESSA is that it could reduce the risk of swallowing disorders. Moreover, the efficacy of lymph node yield by ESSA was comparable with that by video-assisted ES. Therefore, ESSA may be a good choice for selected patients with N1b PTC with cervical cosmetic needs.

The limitation of this study is that the number of patients enrolled was relatively small and the follow-up duration was short. Therefore, prospective multicenter randomized clinical trials with a larger cohort and long-term follow-up are needed to confirm the oncological efficacy of ESSA for LND in patients with PTC.

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