References


eComment: Surgery for pulmonary metastases of renal cell carcinoma. Video-assisted thoracoscopic or open procedure?

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We read with great interest the article by Fengshi Chen et al. regarding pulmonary resection for metastases from renal cell carcinoma [1] and we would like to congratulate the authors.

Nearly 20–25% of patients with renal cell carcinoma (RCC) have distant metastasis at presentation. Another 50% develop metastasis or local recurrence during follow-up after the treatment of the primary [2]. RCC can recur at any time after nephrectomy and usually metastasizes via venous and lymphatic routes. We favor agressive surgical excision for solitary synchronous or metachronous pulmonary metastatic lesions with postoperative adjuvant immuno-therapy or immunochemotherapy. Our data count only six cases during the last five years with very good survival results.

On the basis of our findings during surgery for pulmonary metastatic disease, video-assisted thoracoscopic surgery is not recommended if curative resection is intended, due to insufficient palpation of the deflated lung. As a consequence there is a high risk of missing smaller lesions. These findings are supported by other studies [3] and this is a significant point for discussion.

Pulmonary metastasectomy for RCC in selected patients seems to be well justified in view of low perioperative mortality and morbidity rates and due to the lack of appropriate treatment alternatives. A large multicenter study is needed for determining technical and prognostic points.

References

