for superior visualization of the thoracic inlet intraoperatively, and minimizes pain and shoulder dysfunction postoperatively.

Conflict of interest: none declared.

REFERENCES


eComment. Iatrogenic subclavian artery injuries and video-assisted thoracic surgical repair

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Injuries affecting the subclavian artery during central venous catheterization are a quite common problem in the everyday practice, especially in hospitals with intensive care units and dialysis departments where subclavian vein puncture is a routine procedure. The echo-guided insertion of catheters has solved many of the existing problems, keeping related arterial complications to a minimum. This method should, in our opinion, be available in all hospitals. The video-assisted thoracic surgery repair of the subclavian artery described by Tam et al. [1] is a novel method promising good results, as it bears the advantages of: i) magnified vision, which makes suturing for the experienced convenient; ii) opportunity to evacuate the hemothorax; and iii) opportunity to inspect the hemothorax for coexisting injuries or other pathologies.

We therefore congratulate the authors and expect that the VATS method will find an additional indication in this case.

Conflict of interest: none declared.

References