showed a higher recurrence rate of PNX after surgery in patients aged ≤16 years.


We read with great interest the article by Noh et al. [1], analyzing the recurrence of primary spontaneous pneumothorax (PNX) and the efficacy of video-assisted thoracic surgery (VATS) in the treatment of young adults and children. The Authors’ data showed a higher recurrence rate of PNX after surgery in patients aged ≤16 years than in older ones. Therefore, they suggested that VATS wedge-resection might be delayed in children.

However, it would be interesting to know how the 85 patients (29.8%) in the study, who received neither pleurodesis nor coverage with surgical glue, were distributed among the three groups (≤16 years, 17-18 years and ≥19 years). While there was no difference between coverage and pleurodesis in terms of PNX recurrence, there would have been a difference if coverage or pleurodesis had not been performed. Furthermore, it would be useful to know if there were dystrophy of lung apex and postoperative air leaks in patients aged ≤16 years and if there were any significant differences between the groups with respect to these risk factors. In fact, early onset of PNX in younger patients could be justified by a greater dystrophy of lung apex, due to a different growth rate in this age group, which could explain a possible prolonged air leak after surgery and consequently, a PNX recurrence. Recently, Imperatori and co-workers [3] in a well-conducted retrospective study, identified prolonged air leakage to be an important risk factor for postoperative recurrence of PNX treated by VATS. The Authors also underlined how air leakage tests are sometimes difficult to interpret during VATS, deceiving surgeon into overlooking leaking bullae [4,5]. With regards to this point, although VATS is considered the standard treatment of primary PNX, several meta-analyses [6,7] comparing the different surgical approaches for treatment of spontaneous PNX showed an increase in PNX recurrence when a video-assisted approach was performed compared with thoracotomy approach. Therefore, the higher recurrence rate of PNX after surgery in younger patients found by Noh and co-workers [1] is probably not strictly an age problem but rather, a matter of lung apex dystrophy, prolonged air leak or difficult air leak valuation in VATS especially in smaller thoracic cavities.

Based on the data reported, we would really appreciate the Authors’ reflections and reaction on the aspects debated.

Conflict of interest: none declared.

References


