RE: Laparoscopic 2-port Varicocelectomy with Scarless Periumblical Mini-Incision: Initial Experience in Approach and Outcomes

The authors have presented a nice study about their new technique in laparoscopic repair of varicocele using 2 peri umbilical 5 mm ports. 2 cases of relapse (11%) and 1 case of hydrocele were also reported. Pregnancy rates which are the most important outcome in varicocele surgery were not reported.

To my opinion the primary outcome of varicocele repair is to promote pregnancy rates. Despite being a laparoscopic surgeon, I rarely perform laparoscopy for treatment of varicocele. Currently, microsurgical techniques with a small inguinal incision (usually 2 cm or less) can be used for varicocele surgery without need to enter peritoneal cavity. The inherent disadvantage of laparoscopic surgery for varicocele is that it is the laparoscopic equivalent of the high inguinal open surgery for varicocele that is rarely performed nowadays. As the authors correctly pointed out, the paternity rates for microsurgical repair (41 to 44%) is substantially higher than the laparoscopic approach (27%). In addition; recurrence rates have been lower with the microsurgical method (2-9% versus 11%) and the formation of hydrocele is substantially less frequent (0.7% versus 7%)[1].

To summarize, higher paternity rates together with less frequency of relapse and hydrocele formation in microsurgical open repair leaves little room for laparoscopy in varicocele repair.

REFERENCES

1. Diegidio P, Jhaveri JK, Ghannam S, Pinkhasov R, Shabsigh R, Fisch H. Review of current varicocelectomy techniques and their outcomes. BJU Int. 2011;108:1157-72.

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Thank you for your comment. As you mentioned, the main limitation of this retrospective study is that we did not look over the known disadvantage of laparoscopic varicocelectomy. Authors fully agree that this aspect is very important in the surgical treatment of varicocele.
The main purpose of this study was to introduce the initial experience of new surgical technique through scarless periumbilical mini-incision, especially one of the minimally invasive method with good cosmetic result.
In addition, the age of the patients was relatively high and the main symptom was not related to pregnancy, so it was difficult to deal with pregnancy related part.
Authors are well aware of this fact, so we plan to conduct prospective, long-term studies in the future to develop more specific and substantive results related to pregnancy rates.
And also, side effects such as recurrence rate and hydrocele incidence were not fully addressed due to the limited number of patients and retrospective study setting.
Therefore, further prospective comparative studies on the recurrence rate and hydrocele incidence, which are the limitations of laparoscopic varicocelectomy, will require further efforts.
Despite some of the limitations mentioned, authors hope that this study will contribute to the development of varicocele therapy and further the results of good surgical outcomes as an option for minimally invasive surgery.

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