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INVITED COMMENTARY

Effect of Video-Assisted Thyroidectomy on the Risk of Early Postthyroidectomy Voice and Swallowing Symptoms

David J. Terris

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Lombardi and his colleagues are to be congratulated on a well designed, well conducted prospective study of minimally invasive video-assisted thyroidectomy (MIVAT), focusing on the functional outcomes afforded by this procedure [1].

Certain advantages of MIVAT, as originally proposed by Miccoli and his group in Pisa, are clear even to the casual observer. It is difficult to challenge the merit of an incision approximating 0.75 inch compared to the conventional Kocher incision (often 3 or 4 inches in length), but there is now a growing body of convincing literature proving not only the safety of this innovative technique but also its superiority over conventional surgery in a number of respects. Miccoli et al. [2], in another scientifically rigorous prospective, randomized trial, demonstrated reduced pain and improved patient satisfaction with MIVAT. In the United States, the reduced dissection, and therefore more rapid wound healing, may be translated into outpatient surgery [3]. Lombardi et al. [4], in a previous publication, demonstrated the feasibility of doing MIVAT under local anesthesia. Finally, Miccoli et al. [5] put any oncologic concerns to rest with their prospective, randomized, controlled trial demonstrating ^{131}I uptake and thyroglobulin levels following MIVAT that were similar to those seen with conventional surgery.

Lombardi et al. [1] have gone a step further in providing Level I evidence showing yet another advantage of MIVAT over conventional surgery in regard to voice and swallowing. The patients were studied comprehensively, not only with subjective evaluations but also with videostrobolaryngoscopy, acoustic voice analysis, and maximum phonation times. The findings are unequivocal.

It is safe to say that MIVAT now represents state-of-the-art management of carefully selected patients when performed in the hands of appropriately trained surgeons.

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D. J. Terris (✉)
Otolaryngology-Head and Neck Surgery,
Medical College of Georgia, 1120 15th Street, BP-4109,
Augusta, Georgia 30912, USA
e-mail: dterris@mcg.edu