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COMMENT

Commentary to "Robot-assisted laparoscopic varicocelectomy in a pediatric population"

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Dear Editor,

We read the article by Reinhardt et al. entitled ''Robot-assisted laparoscopic varicocelectomy in a pediatric population'' with great interest [1]. The study is well-designed and includes useful information about robotic varicocelectomy. In their study, the authors preferred to use the selective venous ligation method performed at the level of the internal inguinal ring. At six-month follow-up, they reported the recurrence rate to be 16% on clinical examination. The authors meticulously discussed different techniques in terms of recurrence in the discussion section of the study. As a result of this large series study, the authors concluded that robot-assisted laparoscopic varicocelectomy can be performed safely in the pediatric population, but has a relatively high recurrence rate [1].

One of the important factors regarding recurrence in pediatric varicocele surgery is the ligation level. The ideal site for testicular vein ligation during varicocelectomy is cranial to the internal inguinal ring, where the external pudendal vein is spared for the drainage of the testicle [2]. In particular, ligation of testicular vein close to the renal vein is clearly the best choice for successful outcomes [3]. Over time, we started to change our ligation level (from caudal to cranial of the linea terminalis) in childhood varicocele treatment with the advantages of laparoscopy. We conducted a study in which we evaluated the effect of ligation level on complications encountered [4]. In our study, we did not encounter any recurrence in the cases in which we performed high-level ligation i.e. cranial to linea terminalis. As a result of our study, we concluded that the high-level ligation of the spermatic veins cranial to the linea terminalis during laparoscopic varicocelectomy, independent of the technique applied, may contribute to reasonable low recurrence rates. Thus, we think that high-level ligation of testicular vein cranial to the linea terminalis facilities determining the main branch worked against the high pressure. The interruption between systemic circulation and testicular vein at this site contributes to lower recurrence rates. Robotic surgery performed by Reinhardt et al. appears to be an effective method for high-level ligation. We think that high-level ligation can contribute to reducing the high recurrence rate in the series conducted by Reinhardt et al.

Respectfully yours.

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Data availability No datasets were generated or analysed during the current study.

Declarations

Conflict of interests The authors declare no competing interests.

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