

Open mini-incision parathyroidectomy for solitary parathyroid adenoma: surgical limitations

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To the Editor,

We read with interest the paper titled “Open mini-incision parathyroidectomy (O-MIP) for solitary parathyroid adenoma” by Kelly et al. [1], whose work shows that O-MIP confers significant advantages over the traditional gold standard treatment of bilateral neck exploration. In our surgery clinic, open mini-incision parathyroidectomy is a preferred and well-known procedure in the treatment of solitary parathyroid adenoma. Due to our experience, this procedure has some limitations and should be performed only in selected patients. We would like to express our opinion, based on some important questions: first; in this study, O-MIP was performed using a 2- to 2.5-cm skin incision sited over the suspected location of the adenoma based on the scans performed. This approach may be useful in cases with adenomas ≤ 2.5 cm. On the other hand, it may not be useful in cases with adenomas ≥ 2.5 cm and may be problematic especially in adenomas > 3 cm [2]. Do the authors select the patients according to the preoperative ultrasonographic findings? Second, in cases with concomitant thyroid nodule and solitary parathyroid adenoma, mini-incision may not be a rationalist approach. Which methods preferred in this kind of cases by the authors? Third, the authors have used a transverse incision. In our practice, we prefer an oblique mini-incision which is overlying the medial border of the sternomastoid muscle.

This kind of oblique incision allows easily conversion to the classical cervical collar incision or enlarging the incision when necessary [3]. Patients undergoing O-MIP should be informed about the risk of conversion to bilateral neck exploration. However, this should not be regarded as a complication [4]. At last, only as a recommendation, we also do not use a drain similar to the authors preference but we generally use a local hemostatic agent in cases which have tendency to bleeding.

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