Letter to the Editor

The value of neural monitoring in endoscopic-robotic thyroidectomy approaches

Dear Sir,

We read with interest the article by Sivakumar and Amizhthu titled 'Transoral endoscopic total thyroidectomy vestibular approach: A case series and literature review', published on J Minim Access Surg.[1]

Certainly, the manuscript is greatly knowledgeable and rises significant additions on endoscopic thyroidectomy.[1]

Thyroid surgeons have started performing increasingly complex procedures involving tumour resection, prophylactic node dissection and endoscopic or robotic surgery.

Such complex thyroid surgery entails the risk of recurrent laryngeal nerve (RLN) and superior laryngeal nerve (SLN) deterioration.

Endoscopic and robotic thyroidectomy is a new technique that demands full control of laryngeal nerve function.

In order to avoid adverse outcomes, intraoperative neural monitoring (IONM) has been developed to assess, in real time, the function of the RLN, SLN and nerve roots by continuous vagal nerve stimulation.

Surgeons cannot apply a new approach without perfect governance of the laryngeal nerves. This would be in contrast with the commonly performed routine open surgery. It would be a step back in endocrine surgery.

Endoscopy and robotic approaches have to be in the same security area of open procedure for RLN and SLN management.

Endoscopy requires nerve monitoring to achieve the net benefit of the minimally invasive approach.

The same concerns are for any other new technique and technology applied for thyroid and parathyroid operations.

Endoscopic thyroidectomy is an exciting opportunity for improved techniques and accessories to improve IONM's outcomes.

Thank you for this opportunity.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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