

Response to the letter: Transoral Endoscopic Thyroidectomy Vestibular Approach (TOETVA): Pioneers' Point of View

¹ Universidade Estadual de Campinas, Campinas, SP, Brasil

² Hospital do Servidor Público Estadual de São Paulo, São Paulo, SP, Brasil

³ Departamento de Cirurgia da Faculdade de Medicina da Universidade de São Paulo, São Paulo, SP, Brasil

⁴ Instituto Nacional de Câncer, Rio de Janeiro, RJ, Brasil

⁵ Universidade Federal de São Paulo, Escola Paulista de Medicina, São Paulo, SP, Brasil

⁶ Departamento de Cirurgia, Laboratório de Investigação Médica (LIM-02), Faculdade de Medicina da Universidade de São Paulo, São Paulo, SP, Brasil

⁷ Faculdade de Medicina da Universidade de São Paulo, São Paulo, SP, Brasil

⁸ Universidade Federal do Rio Grande do Norte, Centro de Ciências da Saúde, Programa de Pós-graduação em Ciências da Saúde, Natal, RN, Brasil

Alfio Tincani¹
<https://orcid.org/0000-0001-6193-2686>

Carlos Lehn²
<https://orcid.org/0000-0001-6823-3511>

Cláudio Cernea³
<https://orcid.org/0000-0001-5899-0535>

Emilson Queiroz⁴
<https://orcid.org/0000-0002-0715-4630>

Fernando Dias⁴
<https://orcid.org/0000-0003-1000-7436>

Fernando Walder⁵
<https://orcid.org/0000-0002-0389-2628>

Flávio Hojaij⁶
<https://orcid.org/0000-0001-6015-3592>

Francisco Monteiro⁴
<https://orcid.org/0000-0003-2377-5848>

Jacob Kligerman⁴
<https://orcid.org/0000-0001-5730-0707>

José Podesta⁴
<https://orcid.org/0000-0001-6995-955X>

Lenine Brandão⁷
<https://orcid.org/0000-0001-5233-2849>

Luiz Eduardo Barbalho de Mello⁸
<https://orcid.org/0000-0003-2841-2667>

Luiz Medina³
<https://orcid.org/0000-0001-6480-6757>

Márcio Abrahao⁵
<https://orcid.org/0000-0003-0184-1437>

Marcos Tavares³
<https://orcid.org/0000-0003-4031-4584>

Mauro Barbosa⁴
<https://orcid.org/0000-0002-2743-1666>

Onivaldo Cervantes⁵
<https://orcid.org/0000-0001-8651-2207>

Paula Demétrio⁵
<https://orcid.org/0000-0003-4316-8834>

Ricardo Curioso⁴
<https://orcid.org/0000-0003-0719-6504>

Roberto Lima⁴
<https://orcid.org/0000-0003-0212-5045>

Sérgio Arap⁷
<https://orcid.org/0000-0003-0384-4017>

Sylvio Vasconcellos⁴
<https://orcid.org/0000-0001-7695-6680>

DEAR EDITORS AND COLLEAGUES

We have examined with attention the comments of the letter to the Editor in regards to our recently published article (1), and want to thank its authors for their interest in our work.

After evaluating it, we would like to re-emphasize that have very different points of view, indeed!

Two aspects deserve to be highlighted:

1. We strongly believe that any new complication event which was added by this new technique, thus not being ever observed in traditional and conventional thyroidectomy, must not ever be considered as “minor complication”.

2. We positively do not consider that the technique presented by your group should be called “minimally invasive.” As a matter of fact, the TOETVA involves extensive soft tissue manipulation, as well as the need to use gas insufflation (which was long time ago abandoned, when the endoscopic thyroidectomies were initially described) and a significant increase in operative time, compared to the traditional and conventional thyroidectomy

Last, but not least, there have been some serious complications, some even life-threatening, which have not been mentioned.

Correspondence to:
Flávio Hojaij
fchojaij@uol.com.br

Received on Sept/26/2021
Accepted on Nov/9/2021

Copyright © AEMM all rights reserved.
DOI: 10.20945/2359-399700000425

Therefore, looking from a bioethical approach, we encourage you to participate in a multi-institutional prospective peer-reviewed trial to offer a final and sound conclusion concerning the feasibility of TOETVA in Brazil. Until then, these procedures must be considered experimental, and its execution restricted to centers involved in this afore mentioned protocol.

REFERENCE

1. Tincani A, Lehn C, Cernea C, Queiroz E, Dias F, Walder F, et al. Transoral thyroidectomy: A reflexive opinion on the technique. *Arch Endocrinol Metab.* 2021;65(3):396-9.