

## Robot assisted laparoscopic retroperitoneal lymph node dissection in testicular tumor

Sir,

We read with interest the recently published article by Dogra *et al.* in your journal.<sup>[1]</sup> The authors present a nice description of their right sided robotic-laparoscopic assisted retroperitoneal lymph node dissection (RPLND) for a clinical stage T1b non-seminomatous germ cell testicular. Although the open procedure is still considered the gold standard, the robotic assisted laparoscopic procedure, from a technical standpoint and the focus of this discussion, has proven its feasibility and allows for better instrument control and maneuverability compared with traditional laparoscopic procedure.<sup>[2]</sup> Patient selection is paramount, as those patients with large masses or extensive involvement of the major vessels or adjacent organs would be a better candidate for an open procedure. The laparoscopic RPLND failed to gain wide-spread acceptance due to the advanced laparoscopic techniques required to perform the procedure.<sup>[3]</sup> The robotic assisted procedure overcomes several of these limiting factors, therefore reducing the challenge of the procedure and promising results with decreased bowel injury, faster convalescence and improved overall quality of life. With regards to the authors' issues with the third robotic arm (crossing over and collision), we recommend a linear port placement and a 90° robotic docking, which allows for full range of motion of all the robotic arms. This also improves the range of surgical accessibility within the patient for a meticulous and safe dissection.<sup>[2,4]</sup> There continues to be a need for further discussion and time to allow for data series to mature and foster a more fruitful discussion to expand the role of the robotic-assisted laparoscopic RPLND in clinical

stage T1 patients. We appreciate the authors' contribution to this discussion.

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