

Laparoscopic Palomo varicocelectomy

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Sir,

We have been called into question on the proper use of term laparoscopic Palomo varicocelectomy by Letter to the Editor: Nitinkumar Borkar, Nitin K. Kashyap, Debajyoti Mohanty: Is it a Palomo's operation? Afr J Paed Surg. October-December 2014/Vol 11/Issue 4 371-372 who refer to: Marte A, Pintozzi L, Cavaiuolo S, Parmeggiani P. Single-incision laparoscopic surgery and conventional laparoscopic treatment of varicocele in adolescents: Comparison between two techniques. Afr J Paediatr Surg 2014;11:201-5.

It's unquestionable that the original report of Dr. Alejandro Palomo of J Urol 1949^[1] (in pre-laparoscopic era) refers to an open retroperitoneal approach with an en bloc section of testicular vascular bundle, and according to the Author, this can be implemented without compromising the testicular vitality. From the original drawings: "Veins and artery have been freed and are removed after clamps have been applied. Proximal and distal stumps of the vessels are ligated by transfixations sutures".^[1] With the advent of minimally invasive surgery, the term laparoscopic Palomo varicocelectomy has been increasingly utilised in the international Literature to define a procedure that involves cutting the vascular bundle without sparing the

artery, which has been the real novelty of the Palomo procedure. In this way, we refer to the concept of the procedure and not to the access route (metonymy).^[2,3] If this kind of treatment is better or worse compared to laparoscopic, artery sparing techniques is still debated.

I think that in any case this letter has raised new interest on the figure of this great Guatemalan Doctor who honoured the medicine and where there are very few biographical data. Regarding then the case studies presented, I'm pleased to confirm although not explicitly mentioned all cases are obviously left varicoceles (we always used the singular in the text and the figures show a left varicocelectomy) and there are no bilateral cases that would have invalidated the calculations.

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REFERENCES

1. Palomo A. Radical cure of varicocele by a new technique; preliminary report. J Urol 1949;61:604-7.
2. Koyle MA, Oottamasathien S, Barqawi A, Rajimwale A, Furness PD 3rd. Laparoscopic Palomo varicocele ligation in children and adolescents: Results of 103 cases. J Urol 2004;172:1749-52.
3. Barroso U Jr, Andrade DM, Novaes H, Netto JM, Andrade J. Surgical treatment of varicocele in children with open and laparoscopic Palomo technique: A systematic review of the literature. J Urol 2009;181:2724-8.