

Re: Singh A *et al.* Robot-assisted retroperitoneal lymph node dissection: Feasibility and outcome in postchemotherapy residual mass in testicular cancer. *Indian J Urol* 2017;33:304-9

Dear Editor,

We read with interest the recent article by Singh *et al.*^[1] on the safety and feasibility of robot-assisted retroperitoneal lymph node dissection (RA-RPLND) in testicular cancer patients with postchemotherapy residual mass. We congratulate the authors and wish to highlight some issues.

Although the authors claimed that their study is the largest case series of RA-RPLND in patients with postchemotherapy residual mass (13 cases), a similar study including 12 patients was published by Kamel *et al.*^[2] in 2016. However, literature about RA-RPLND in residual disease after chemotherapy is still very limited. Open RPLND (O-RPLND) is accepted as the gold standard method for RPLND in testicular cancer patients. But, to the best of our knowledge there is no study comparing the RA-RPLND with O-RPLND.^[3] The aim of the current study is clearly identified as evaluating the surgical feasibility and outcomes of RA-RPLND for postchemotherapy residual mass in patients with testicular cancer. However, we believe that in this study, the authors could have compared RA-RPLND and O-RPLND as some O-RPLND cases were performed during the same period at the same institution. In the conclusion section, the authors state that RA-RPLND is a promising alternative to O-RPLND. They also concluded that RA-RPLND has similar surgical, oncological outcome and lymph node

yield. How was this comparison made? With O-RPLND or previous studies about RA-RPLND? We think that comparing RA-RPLND and O-RPLND would be better than comparing RA-RPLND with data of previous reports. On the other hand, the reported chyle leak rate (30.7%) is higher than expected in comparison with the literature that reports an overall 7%–20.8% incidence.^[4] The authors explained this to be due to difficulty in identification of lymphatic in the postchemotherapy setting. However, previously, Evans *et al.*^[5] reported the overall incidence of chyle leak as 7% in O-RPLND for postchemotherapy residual mass. Thus the safety of RA-RPLND cannot be superior and we believe that the best inferences on safety and efficacy of RA-RPLND may be derived in a study comparing it with O-RPLND. If the authors had compared RA-RPLND and O-RPLND, this study would have been enriched.

Respectfully

**Mustafa Zafer Temiz*, Omer Onur Cakir¹,
Engin Kandirali¹, Atilla Semercioz¹**

Department of Urology, Catalca Ilyas Cokay State Hospital, Catalca, ¹Department of Urology, Bagcilar Training and Research Hospital, Bagcilar, Istanbul, Turkey

*E-mail: dr_mustafazafertemiz@hotmail.com

REFERENCES


1. Singh A, Chatterjee S, Bansal P, Bansal A, Rawal S. Robot-assisted retroperitoneal lymph node dissection: Feasibility and outcome in postchemotherapy residual mass in testicular cancer. *Indian J Urol* 2017;33:304-9.
2. Kamel MH, Littlejohn N, Cox M, Eltahawy EA, Davis R. Post-chemotherapy robotic retroperitoneal lymph node dissection: Institutional experience. *J Endourol* 2016;30:510-9.
3. Torricelli FC, Jardim D, Guglielmetti GB, Patel V, Coelho RF. Robot-assisted laparoscopic retroperitoneal lymph node dissection in testicular tumor. *Int Braz J Urol* 2017;43:171.
4. Lv S, Wang Q, Zhao W, Han L, Wang Q, Batchu N, *et al.* A review of the postoperative lymphatic leakage. *Oncotarget* 2017;8:69062-75.
5. Evans JG, Spiess PE, Kamat AM, Wood CG, Hernandez M, Pettaway CA, *et al.* Chylous ascites after post-chemotherapy retroperitoneal lymph node dissection: Review of the M. D. Anderson experience. *J Urol* 2006;176:1463-7.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

Received: 28.11.2017, Accepted: 17.12.2017

Financial support and sponsorship: Nil.

Conflicts of interest: There are no conflicts of interest.

Access this article online	
Quick Response Code:	Website: www.indianjurol.com
	DOI: 10.4103/iju.IJU_341_17

How to cite this article: Temiz MZ, Cakir OO, Kandirali E, Semercioz A. Re: Singh A *et al.* Robot-assisted retroperitoneal lymph node dissection: Feasibility and outcome in postchemotherapy residual mass in testicular cancer. *Indian J Urol* 2017;33:304-9. *Indian J Urol* 2018;34:91-2.

© 2017 Indian Journal of Urology | Published by Wolters Kluwer - Medknow