



Pectus Surgery

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Letter to Editor

We read the article that was written by Shaalan and colleagues with interest [1]. We started the minimally invasive procedure for pectus surgery in 2011. We still use the Ravitch technique as an advantageous procedure if it is necessary for older patients, mix type deformities. Nuss procedure decreases the severe bleeding, the hospitalization time and pain for pectus excavatum. The short skin incision without cartilage resection provides great aesthetic results. We also use the Haller index, pulmonary function tests and echocardiography in preoperative preparation period as stated in the article [1]. However we experienced this tests could not give adequate information about cardiac pressure and efficacy in many patients, so we described that the right ventricle compression and myocardial perfusion index via tissue doppler echocardiography specifically in our clinic [2]. Additionally we presented the postoperative effects on respiratory muscle strength by the measurements of Maximum Inspiratory Pressures (MIP) and Maximum Expiratory Pressures (MEP) [3]. Nuss procedure is an excellent technique with thoracoscopy and the cardiac injury as a terrible complication is not seen when the operation performed by experienced surgeons. We use short skin incision and after the resection of cartilages we use them again to protect the cartilaged effect in open surgery and modified Ravitch procedures.

Although Ravitch technique is still in some cases if it is necessary, but minimally invasive surgery is a mile stone in pectus surgery according to satisfaction and cost of efficacy.

References

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