

## Surgical Treatment of Spontaneous Pneumothorax

**To the editor:** We read with interest the original article "Surgical Treatment of Recurrent Spontaneous Pneumothorax: What Is the Optimal Timing?" by Rivo Vázquez et al<sup>1</sup> and would like to comment briefly on a sentence referring to video-assisted thoracoscopic surgery (VATS) at the beginning of the discussion section. It reads: "Some services, however, propose VATS as early as the first episode..." (as opposed to carrying out VATS in the second episode) and cites us as one of these hospital departments.

In 1985 we designed a study—published in this journal—that indicated that the presence of bullae in diagnostic images obtained during a thoracoscopic intervention was a predictive factor in the recurrence of pneumothorax.<sup>2</sup> In a later article we described the technique used.<sup>3</sup> On this basis we drew up a treatment algorithm that was analyzed over time.<sup>4-6</sup> Our analysis confirmed the advantages of introducing a small caliber lens when the thoracic drainage tube was inserted under local anesthetic. The lens was used to visualize the surface of the lung and search for bullae, with the aim of performing surgery in the first episode only on those patients who presented them. It should be made clear that when we carried out the first studies the proposed surgical intervention was transaxillary minithoracotomy, since VATS for pneumothorax as we know it today had not yet been developed.

We hope these observations serve to clarify our position on the subject and to complement this excellent study.

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