

Pros and Cons of Robotic Transaxillary Thyroidectomy

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MANY TECHNIQUES USING videoscopic (also referred to as endoscopic and laparoscopic) and robotic approaches for thyroidectomy in the treatment of benign and malignant thyroid disease have been described in the literature (1). One such approach is robotic transaxillary thyroidectomy, which was pioneered at Yonsei University, South Korea, and which has been used in some centers in the United States (2–8). This surgical approach has generated much interest in the medical and surgical fields, as well as in the lay public, partly due to heavy marketing of this technology. In this issue of *Thyroid*, Drs. Chung and Inabnet provide commentaries on the pros and cons of robotic transaxillary thyroidectomy.

Because of the contributions of Kocher, today's conventional (open) thyroidectomy is associated with very low morbidity when performed by experienced surgeons with specialized training in endocrine surgery, and it remains the gold standard approach at many centers. Kocher introduced meticulous hemostasis, strict antisepsis, and, initially, a vertical incision for thyroidectomy. With more operative experience, he transitioned from the vertical incision to an incision along the anterior border of the sternocleidomastoid, and finally to a low, transverse cervical incision (9,10). Today most endocrine surgeons use a small, high cervical incision situated in a prominent skin crease because it results in superior cosmesis; however, not all patients are satisfied with their scar and in some cases, patients develop a hypertrophic scar and, rarely, a keloid scar.