



Is a minimally invasive approach for spleen surgery a good indication?

It passed over one century after the first description of splenectomy by Sutherland and Burghard in 1910. The development of surgical technology has incredibly grown to date. The minimally invasive surgery with both laparoscopic, and robotic is commonly performed everywhere. Indications of minimally invasive surgery are increasing, from the classical splenomegaly to the urgent splenectomy. Moreover, the robotic approach allows us to perform a more easily distal pancreatectomy with spleen preservation. *Annals of Laparoscopic and Endoscopic Surgery (ALES)*, is dedicating this focused series to “Minimally Invasive Spleen Surgery”, with outstanding experts contributing with their experience and review of the latest news from the scientific literature. From the classical indication of splenectomy to the more out guidelines indications. The technique of laparoscopic splenectomy has been reported in a study from Spoletini and colleagues (1). The benefit of the minimally invasive approach is underlined by a meta-analysis of laparoscopic versus open splenectomy (2). A comparative narrative review demonstrated the feasibility of laparoscopic splenectomy in an emergency department (3). The robotic surgical technique is developed by two Italian groups, from Firenze and Pisa (4,5). More technically tricky procedures as partial splenectomy are described (6). A review of the literature will be focused on the idiopathic thrombocytopenic purpura (7). And a “How I do it” video technique of laparoscopic splenectomy is reported.

With the present focused series, *ALES* readers will have the opportunity to update their knowledge on the spleen surgery performed by a minimally invasive approach.

Acknowledgments

We want to thank all reviewers.

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, *Annals of Laparoscopic and Endoscopic Surgery* for the series “Minimally Invasive Spleen Surgery”. The article did not undergo external peer review.

Conflicts of Interest: Both authors have completed the ICMJE uniform disclosure form (available at <http://dx.doi.org/10.21037/ales-2019-miss-09>). The series “Minimally Invasive Spleen Surgery” was commissioned by the editorial office without any funding or sponsorship. GBLS and MC served as the unpaid Guest Editors of the series. GBLS serves as an unpaid editorial board member of *Annals of Laparoscopic and Endoscopic Surgery* from Jun 2019 to May 2021. The authors have no other conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Received: 07 September 2020; Accepted: 18 September 2020; Published: 20 April 2021.

doi: 10.21037/ales-2019-miss-09

View this article at: <http://dx.doi.org/10.21037/ales-2019-miss-09>

doi: 10.21037/ales-2019-miss-09

Cite this article as: Levi Sandri GB, Carlini M. Is a minimally invasive approach for spleen surgery a good indication? *Ann Laparosc Endosc Surg* 2021;6:15.