



## ASO Author Reflections: A New Procedure for Modified Radical Neck Dissection via the Transoral Endoscopic Approach

Quang Van Le, MD<sup>1,2</sup>, Duy Quoc Ngo, MD<sup>1</sup>, Duong The Le, MD<sup>1</sup>, and Quy Xuan Ngo, MD<sup>1</sup>

<sup>1</sup>Department of Head and Neck Surgery, Vietnam National Cancer Hospital, Hanoi, Vietnam; <sup>2</sup>Hanoi Medical University, Hanoi, Vietnam

### PAST

Transoral endoscopic thyroidectomy via the vestibular approach (TOETVA) is the newest minimally invasive access technique applied in thyroid surgery.<sup>1–3</sup> TOETVA is the only technique that completely avoids a cutaneous incision, with a short learning curve, access to the bilateral thyroid lobe as well as central neck lymph nodes, and minimal complications.<sup>4</sup> Although central lymph node dissection via TOETVA is a safe and feasible procedure, there are no reports involving transoral endoscopic modified radical neck dissection (MRND) for papillary thyroid carcinoma.

### PRESENT

The current study shows that MRND of the right levels II, III, and IV is successfully completed via four-trocar TOETVA used in not only some difficult thyroidectomies but also in this case.<sup>5</sup> The instrumental collision in the right side can be avoided by pushing the fourth trocar closer to the main surgeon after inserting the instrument in the working space. Prior to this case, we believe that the dissection of level II lymph nodes using TOETVA is impossible because of the inadequate axis of the surgical view. However, we have successfully performed transoral endoscopic MRND levels II, III, and IV for papillary thyroid carcinoma. There were no major postoperative complications, such as recurrent laryngeal nerve palsy, hypoparathyroidism, hematoma,

seroma, mental nerve injury, surgical site infection, CO2 embolism, and chyle leakage. The patient was completely satisfied with the cosmetic result.

### FUTURE

Although MRND has been successfully carried out via TOETVA, this technique should be applied in highly selected patients. Further research with long-term follow-up for recurrence and survival are warranted in order to evaluate the feasibility and oncologic safety of MRND via TOETVA.

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