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eComment. Criticism on a new marking technique for lung nodules identification

Authors: *Alessandro Baisi, Matilde De Simone, Federico Raveglia and Ugo Cioffi*
 Thoracic Unit, Ospedale San Paolo, University of Milan, Milan, Italy
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We have read with interest the paper by Kawada and colleagues focusing on the preoperative marking of small lung nodules resectable by thoracoscopic wedge resection [1]. As the authors underline, various marking procedures for localization have been already described. However, each one of these techniques is affected by different disadvantages [2]. When a preoperative marker is needed, we usually use the percutaneous CT-guided hook-wire placement method. We are conscious that this procedure is affected by possible complications such as pneumothorax, haemothorax, air embolism, and the disadvantages of an additional radiation exposure. In our experience with hook-wire placement, we only observed pneumothorax, usually low entity. However, chest tube placement is always required to avoid tension pneumothorax during mechanical ventilation at the subsequent surgical operation. Therefore, we think that the first advantage of the intrathoracic stamping method proposed by Kawada and colleagues is avoidance of the risks associated with visceral pleural puncture. The second possible advantage we identify in this method is that the use of an opaque marker lying on the skin, instead of a percutaneous hook-wire, reduces the possibility of accidental marker removal before surgery, and allows placement one or two days before operation. Lastly, although we do not have experience with the stamping method, we think that, in the event of adhesions, thoracoscopic pleural debridement could be performed

more easily without a hook-wire inside the chest cavity. We identified as a possible disadvantage, the need to place the patient in the same position during CT scan and surgery, with the risk of dye spreading inside the pleural cavity, hence losing marking precision. In conclusion, we congratulate the authors who have described this new method. More data should be useful to definitively confirm its utility and safety.

Conflict of interest: none declared

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eReply. Re: Criticism on a new marking technique for lung nodules identification

Author: *Masaya Kawada*

Department of General Thoracic Surgery, Tonan Hospital, Sapporo, Japan
 doi:10.1093/icvts/ivt025

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We thank Baisi *et al.* for their favourable eComment on our article [1, 2]. We think that the first advantage of the intrathoracic stamping method is the avoidance of a pleural puncture or placement of the chest tube before operation. It is possible that an opaque marker lying on the skin is placed several days before operation, as they mentioned. In the case of dye spreading inside the pleural cavity, hence losing marking precision, we make the marking on the stamp of the visceral pleura using a needle with an attached thread. The greatest disadvantage is the position gap between the tumour and the marking because of surgical positions, needle insertion angles, and respiratory movements. In our experience, the stamped marking is within 1 cm of the lesion in all cases and so further study is necessary.

Conflict of interest: none declared

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