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EDİTÖRE MEKTUP
LETTER TO THE EDITOR

The impact of the COVID-19 on mediastinal lymph node examination in lung cancer surgery

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To the Editor,

We aimed to evaluate the intraoperative mediastinal lymph node examination techniques (systematic dissection and sampling) in lung cancer surgery, which is one of the controversial topics of Thoracic Surgery, from the perspective of COVID-19 pandemic and share our views with your readers.

At the start of the coronavirus disease 2019 (COVID-19) pandemic, the elective thoracic surgeries were postponed as much as possible. In recent days the pandemic has become more manageable and therefore an increase in the number of elective procedures is expected. However, there are still many uncertainties regarding the perioperative period. For example if patients with cancer become infected with COVID-19 in the postoperative period, information on the morbidity and mortality rates of these patients is insufficient.

It is difficult to decide on the technique of intraoperative mediastinal lymph node (MLN) examination (systematic mediastinal lymph node sampling [MLNS] or systematic mediastinal lymph node dissection [MLND]) in patients scheduled for surgical treatment for non-small cell lung cancer (NSCLC). Because the effects of these two techniques on operation time, hospitalization time, postoperative morbidity and mortality rate, recurrence and survival rate are controversial. Guidelines suggest that both techniques can be used for intraoperative MLN examination of NSCLC (1). If

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we summarize the randomized controlled studies in the literature, there is no clear consensus on which technique is more suitable for MLN examination (2). Therefore, while surgical treatment of NSCLC is already a controversial issue during the pandemic period, choosing either of these two techniques during surgery is quite complex. In this letter, it was aimed to draw attention to an open-ended question during pandemic.

Factors such as prolonged operative duration, peroperative complications (e.g., prolonged airleak, intraoperative hemorrhage, bronchopleural fistula, pneumonia, chylothorax, respiratory failure, atrial arrhythmia, recurrent nerve injury) and prolonged hospital or intensive care unit length of stay increase the likelihood of patients with lung cancer becoming infected with COVID-19 in the postoperative period (3). Therefore without compromising oncological principles; operative duration should be as short as possible, care should be taken for less tissue trauma and complications should be managed carefully.

Also, mediastinal lymphoid tissues should be less traumatized for a strong immune system. From this perspective, MLNS may be a good alternative in the surgical treatment of patients with clinically early stage NSCLC in pandemic conditions due to its lower complication rate. We tried to present our views on this subject.

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