Dear Editor:

We read with interest the recent article by Marte et al. The Palomo mass ligation technique has long been seen as a superior method for the treatment of pediatric varicoceles owing to its lower failure rate. Over the years, this original open procedure has indeed been adapted by many authors and has evolved to the laparoscopic approach, with similar results.

Although we agree that the Ligasure® system is a convenient way of sealing and dividing vessels and is an important accessory tool in many laparoscopic procedures (e.g., laparoscopic nephrectomy and laparoscopic splenectomy), we do question the real benefits of applying the Ligasure system in the Palomo procedure.

First, Koyle et al. already showed that the clip method and the Ligasure system did not differ in terms of the eventual failure rate in treating varicoceles. Second, although Marte et al. claimed that the Ligasure method resulted in faster operative times, it was nonetheless a difference of only 8 minutes (18 vs. 26 minutes). This could be accounted for by interoperator variability. Furthermore, the Ligasure system is an expensive item, with each unit costing around US$250, as compared to US$10 for clips. In a financially constrained health care system, it is a luxury that most cannot afford.

REFERENCES


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