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Appendix A. Editorial comment

A Supplementary Technique for Localized Pneumothorax Requiring Tube Thoracostomy: Scopy

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I would like to congratulate the authors for their highly informative and clinically relevant contribution to the management of secondary spontaneous pneumothorax; a condition that continues to pose significant therapeutic challenges. This manuscript presents a thoughtful and well-articulated rationale for the use of fluoroscopy-assisted tube thoracostomy in cases of localized pneumothorax, especially where conventional imaging techniques fall short in safety or efficiency.

The authors provide a nuanced understanding of the pathophysiological distinctions between primary and secondary pneumothorax, emphasizing the increased morbidity associated with the latter due to compromised pulmonary reserve. Their practical insight into the limitations of ultrasonography and computed tomography in selected cases is particularly valuable, as is their argument for dynamic real-time imaging to ensure procedural accuracy.

By presenting two illustrative cases supported by radiological imaging, the authors convincingly demonstrate how scopy-assisted tube thoracostomy can optimize lung re-expansion, reduce oxygen requirements, and potentially obviate the need for more invasive interventions such as mechanical ventilation. Their proposed patient selection criteria are well reasoned and align with a precision medicine approach that prioritizes individualized care.

This innovative yet pragmatic perspective is a welcome addition to the thoracic surgery literature and may inspire further exploration of image-guided techniques in managing complex pleural conditions. I hope that this letter to the editor will serve to enrich the perspectives of both the readers and authors of Current Thoracic Surgery.

Keywords: localized pneumothorax, tube thoracostomy, image-guided intervention, scopy

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