

Subxyphoid VATS represents an additional approach in the armamentarium of a thoracic surgeon. It may indeed be considered a potential evolution of Uniportal VATS (UniVATS) in that the geometry of the approach to the target intrathoracic lesion can be similar. However, the perspective and the anatomic view are somewhat different – not only due to the restricted space in the substernal cylinder that accommodates optic and operative instruments but also to the development of planes according to a longitudinal axis perpendicular to the major broncho-vascular structures as opposed to the frontal axis of UniVATS and Multi VATS. As a result, the surgeon dissects around hilar structures like slaloming around poles which he/she approaches in a stepwise fashion following a direct line like in a downhill ski race. Deviation from the main dissecting strategy is of course possible, but entails a level of familiarity with lung anatomy and tridimensional representation which requires considerable experience.

As with Uniportal VATS, there has been a rapid demonstration of the safety and feasibility of this surgical approach which seems to provide the main advantage of a reduced pain compared to intercostal incisions. Favorable anthropometric features also appear to facilitate this approach which has gained remarkable consensus in Asia. The addition of subcostal as well as intercostal ports is recommended when the dissection is impeded by underlying factors like perivascular fibrosis or seemingly fixed hilar or mediastinal adenopathies. And, as with Uniportal VATS, we might be facing the implicit danger of a sterile exhibition of surgical expertise without a clear demonstration of the potential benefits that this surgical approach may provide. Hence, my encouragement to the subxyphoid VATS advocates at gathering a consensus around the basics of this technique and instituting an international database including all procedures in order for this approach to be evaluated according standard quality metrics and determine possible training pathways. Until then, the subxyphoid approach is likely to suffer the same fate of Uniportal VATS and could be considered as another acrobatic surgical exercise with little or no additional advantage offered in the surgical management of patients with intrathoracic conditions. This work by Aresu *et al.* has the merit to shed some light on the technicalities of subxyphoid VATS thereby contributing to defining the ground rules of this complex but fascinating approach.



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