Could Recurrent Anxiety Be a New Surgical Indication for Patients with Spontaneous Pneumothorax?

Tekrarlama Anksiyetesi Spontan Pnömotorakslı Hastalar için Yeni Bir Cerrahi Endikasyon Olabilir mi?

Spontan Pnömotorakslı Hastalar İçin Yeni Bir Cerrahi Endikasyon / New Surgical Indication for Patients with Spontaneous Pneumothorax

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To the editor:

I have read article named "Could Recurrent Anxiety Be a New Surgical Indication for Patients with Spontaneous Pneumothorax?" curiously.

Indeed "recurrence anxiety" is common in clinical practice among patients with spontaneous pneumothorax and it's praiseworthy that authors scoped on this subject. But I think this "taking surgery into account in the first attack of spontaneous pneumothorax for preventing from recurrence anxiety" will be short of literature support, while today it is popular to advice techniques as minimal invasiveas possible forthe patient. The real cause of high anxiety rate in this group of patients must be enlightened. Is the real cause of anxiety is "fear of death" or "fear of a second tube thoracostomy trauma" or "a probability of undergoing a surgical procedure in another attack" should be searched. In this context, I think the physical and emotional amount of "trauma" exposed in the first attack therapy is very important and the real cause of "recurrence anxiety" is the tube thoracostomy performing technique used initially.

In English literature there are randomized controlled trials comparing tube thoracostomy –a highly traumatic method- and minimal invasive aspiration techniques showed that except existence of an underlying lung disease, previous pneumothorax, or tension pneumothorax there are no statistically significant difference in the immediate success rate, early failure rate, 1-year success rate, or complication rate, between these two treatment options [1]. On the other hand, sedation and effective analgesic treatment during tube thoracostomy application may make it a less traumatic intervention. Also there are articles in English literature suggesting that patients who were satisfied with the qualitative and quantitative information given about his disease and the treatment choices are more compliant and have less anxiety [2].

This article should be a reference perspective for further research on this rarely studied subject. As authors mentioned limited number and non-homogenous distribution of patients are disabilities of the article and it is insufficient for making an accurate judgment like "for dealing with recurrence anxiety in spontaneous pneumothorax patients, initial choice of treatment in first attack should be surgical therapy". Further studies with larger subject groups should be done.

Competing interests

The authors declare that they have no competing interests.

References

1. van Berkel V, Kuo E, Meyers BF. Pneumothorax, bullous disease, and emphysema. Surg Clin North Am 2010;90(5):935-53.
2. Steglitz J, Buscemi J, Spring B. Developing a patient-centered medical home: synopsis and comment on "Patient preferences for shared decisions: a systematic review". Transl Behav Med 2012;2(3):260-1.

DOI: 10.4328/JCAM.2077 Received: 01.10.2013 Accepted: 01.10.2013 Printed: 01.11.2014 J Clin Anal Med 2014;5(6):543
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