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Letter to the Editor

Immediate Surgery for First Episode PSP: Is It Overtreatment?

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Dear Editor,

We read with interest the article by Temel et al.[1] entitled "Immediate Video-Assisted Thoracoscopic Surgery Versus Chest Tube Drainage in the First Episode of Primary Spontaneous Pneumothorax: A Comparative Study." While the authors report lower recurrence rates with immediate video-assisted thoracoscopic surgery (VATS), we believe that these findings should be interpreted with caution, particularly when considering their implications for routine clinical practice.

The primary aim in the management of primary spontaneous pneumothorax (PSP) is to control the air leak while minimizing treatment-related morbidity. In this regard, the reported 24% recurrence rate in the chest tube group over a 10-year follow-up period is noteworthy. However, this also means that approximately three-quarters of patients remained recurrence-free without surgical intervention. In everyday clinical practice, many first-episode PSP patients recover uneventfully with conservative or minimally invasive approaches. Therefore, adopting a universal "immediate VATS" strategy would effectively expose several patients to surgery in order to prevent recurrence in a relatively small proportion.

From a practical standpoint, this inevitably raises concerns related to the principle of *primum non nocere*. General anesthesia, surgical trauma, pleural interventions, and the risk of chronic postoperative pain are not negligible, particularly in young and otherwise healthy individuals who constitute the majority of the PSP population. The potential benefit of preventing recurrence in selected patients should be balanced carefully against these risks.

Current international recommendations, including the ERS task force statement, continue to support conservative management or pleural drainage for the first episode, reserving surgical intervention for persistent air leak or recurrence.[2] Moreover, recent randomized evidence suggesting non-inferiority of conservative observation compared with interventional strategies further questions the routine use of early aggressive treatment in this setting.[3]

Another point that deserves attention is patient selection. The study population consisted of individuals without visible bullous disease on computed tomography. The relationship between radiological blebs and recurrence risk remains controversial, and recurrence cannot be reliably predicted based solely on imaging findings. Performing apical resection and pleural procedures in radiologically normal lungs therefore remains debatable and is not strongly supported by current evidence.[4]

In summary, although VATS is undoubtedly effective in reducing recurrence rates, applying this approach uniformly to all first-episode PSP patients overlooks the favorable natural course observed in a substantial proportion of cases. A selective, individualized strategy remains more consistent with existing guidelines and real-world clinical practice, and may help avoid unnecessary surgical morbidity.

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