I, the undersigned writing this editorial comment, consider myself to be a representative of that large percentage of urologists that deals with Pediatric Urology in our daily routine. For this reason, I appreciate the effort of the authors who have presented us with their experience with 72 pediatric patients in laparoscopic renal surgery.1

Fortunately, we have overcome the era when we had to demonstrate the advantages of laparoscopic renal surgery versus open surgery. In this tedious period, Dr. Octavio Castillo was one of the main instigators in our field. It is gratifying to see how he still continues to spread the benefits of this approach in age groups or in less frequent pathologies.2

If an adult laparoscopist has read the article, he should have not doubt about the approach to take in the case of a child. The authors demonstrate with the simplicity of those that are confident of and do their work well, very few tactical and material changes with respect to the technique in adults.

Let us follow their example and not lose in the treatment of urological diseases par excellence against pediatric surgeons. Let us support the dissemination of laparoscopy also in children and not only in high retroperitoneal, but also pelvic and reconstructive surgery,3 without contempt or disdain for complementary or alternative open surgery that is well done.

At those centers where there are no pediatric urologists, but yes, expert laparoscopists, the problem is solved. If otherwise, to send the child to a center of excellence will cover the dual objective of providing him with better attention and keeping intruders out of our specialization.

References


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