Comment to the article: Preoperative planning in paraganglioma resection: Evolving strategies for safer outcomes

Makaleye yorum: Paraganglioma rezeksiyonunda ameliyat öncesi planlama: Daha güvenli sonuçlar için gelişen stratejiler

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We read with interest the recent report by Reyhanoğlu and Çakır "Para-aortic paraganglioma: Preoperative embolization and surgical resection".[1] The successful management of this rare tumor through a multidisciplinary approach including preoperative embolization is commendable and reflects the ongoing progress in surgical strategies for highly vascular tumors such as paragangliomas.

In a previous publication from our team in 1997, we reported on a series of four patients with arterial and venous paragangliomas and discussed the benefits of a preoperative pacemaker in cases associated with significant autonomic disturbance.[2] Unfortunately, this work appears to have been overlooked in the current article's reference list, despite its relevance to the topic and its early emphasis on multidisciplinary planning.

We would like to highlight that modern advances now enable combined endovascular and hybrid approaches, not only for embolization but also for intraoperative monitoring of tumor perfusion and real-time navigation.[3] Moreover, for functional paragangliomas, preoperative biochemical control using alpha-blockers and volume expansion remains critical, yet is often under-discussed in purely surgical literature.[4]

We suggest future reports include more detailed neuroendocrine functional assessment, and consider long-term follow-up given the potential for recurrence and malignancy, particularly in *succinate dehydrogenase subunit B (SDHB)* mutation-related tumors. Genetic testing and surveillance should be incorporated into management algorithms.

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