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Aims/Objectives
We are therefore reflecting about the need to generate an open debate about the benefits of a closed-endoscopic-technique in comparison with an open surgery, which may leave often only small scars.

Methods
Daily we observe that endoscopic process require a higher level of elimination of structural parts in comparison with an open surgery. The open surgeries could be more conservative from a structural point of view and therefore imply less risk throughout the entire process for the patient. Within a context of an oncological surgery, a closed endoscopic technique will force the surgeon to search with great difficulty the limits of the malign tumor. That may damage internal structures with important functions increasing and complicating the recovery process of the patient. In other specializations, a closed endoscopic technique may also require the division of the tumor to eliminate it.

Results/Findings
We believe there is a proven need for an enlarged study that will consider the advantages and disadvantages of each technique for each case.

Conclusions
We propose to create a cross-specialization-approach to assess the convenience of an open or a closed technique. Their adequacy could be assessed with a comparison, for similar pathology surgeries, of structural damages before the procedures and post-operative through MR or CT.

BIBLIOGRAPHY