***CORR* Insights®: Is Surgery for Brachial Plexus Schwannomas Safe and Effective?**

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Where Are We Now?

The current state of knowledge regarding schwannomas of the brachial plexus focuses on whether the potential risks of surgery, such as permanent neurologic damage, justify the removal of a mass that is not only benign in most cases, but more of a cosmetic concern to the patient. In fact, most articles [1–8] document their patients' presenting complaint as a mass, as opposed to a neurologic deficit. This paper, as well as others, found that neurologic injury risks are real, but in most cases, are either mild or temporary in nature.

This CORR Insights® is a commentary on the article "Is Surgery for Brachial Plexus Schwannomas Safe and Effective?" by Baek and colleagues available at: DOI: [10.1007/s11999-014-3525-x](https://doi.org/10.1007/s11999-014-3525-x).

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Where Do We Need To Go?

The current study by Baek and colleagues substantiates previous thinking that the potential benefits of removing the mass (confirmation of diagnosis via tissue sample, potential mitigation of any future neurological problems secondary to a mass effect from the expanding benign tumor, aesthetic improvement) are justifiable [8]. When counseling a patient about potential surgery, it is important to remember that the patient's concern is frequently cosmetic, while our concern is long-term neurologic sequelae. Removal of the mass should be performed by surgeons who are extremely comfortable with the anatomy and exposure of the brachial plexus through anterior, superior, and axillary approaches. Most of the published work regarding brachial plexus tumors comes from single institutions, and are essentially retrospective case series-type studies. Given the rarity of these lesions, the literature would benefit from several of the major nerve tumor centers joining forces to either prospectively or retrospectively cohort patients for symptom assessment and neurologic presentation, surgical treatment strategies, long-term functional outcomes, and recurrence rates.

How Do We Get There?

Constructive and helpful information could come from a study with a larger series, as well as cost data examining the expense of treating lesions from beginning to end. The cost data would include surgical expenses, and the costs for the entire spectrum of care (any therapy, medications, or other treatments that were required pre and postoperatively). Large, multicenter studies involving institutions

with referral based practices for musculoskeletal and neurologic tumors could help shed some light on the true risks of the surgery, as well as the true costs of the procedure. It would be beneficial to calculate the quality adjusted life years incorporated into the study, as it is important to think of this surgery as more than just a cosmetic procedure. In the future, we will need to continue to substantiate and justify not only why we are performing surgeries, but the cost and benefits to our patients, as well as the importance of how those play out in an ever-changing healthcare system.

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