INTRODUCTION

Historical background:

The necessity for thoracoscopy became apparent with the adhesions that limited the success of **Forlanini's** introduction in **1882** of artificial pneumothorax in the treatment of pulmonary tuberculosis. The first thoracoscopy, using a modified cystoscope, was performed by **Jacopaeus**, a professor of medicine, in **Stockholm**, in **1910 (Braimbridge, 1993).**

In **1910 Hans Christian Jacobeus**, after learning the intracavitary techniques from **Kelling** introduced the technique of pleuroscopy or thoracoscopy. **Jacobeus** was a professor of internal medicine working in a tuberculosis sanitarium in **Sweden**. Using a local anesthetic and the instrumentation developed by **Nitze and Jacobeus** performed the thoracoscopic lysis of pleural adhesions and drainage as an adjunct to collapse therapy. In **1921, Jacobeus** reported an extensive experience with thoracoscopy in the diagnosis of pulmonary and pleural tumors. Thoracoscopic procedures were widely performed in **Europe** during the **1920s**, and in **1928, Cova** published a color atlas of thoracoscopically diagnosed intrathoracic lesions (**Webb, 1992).**

In the 1950s the administration of antibiotic therapy for tuberculosis largely replaced the use of thoracoscopy in the treatment of this disease. Over the next 20 years thoracoscopy evolved into a diagnostic procedure in the management of pleural effusions as well as primary and metastatic pleural tumors (**Das, 2000**).

The use of VATS has greatly increased over the past years. Thoracoscopy can be used as a diagnostic and therapeutic tool in most areas of the chest. Video-assisted thoracoscopic surgery has been used in the anterior mediastinum to perform thymectomies; cardiac surgeons perform aortocoronary revascularization using VATS techniques; esophageal repairs and resections have been also performed (**Collard et al., 1993).**

AIM OF THE ESSAY

The aim of this essay is to review the use of the thoracoscope as an alternative to the open thoracotomy in the different thoracic diagnostic and therapeutic procedures with particular reference to safety, efficacy, morbidity, mortality and cost benefit.