INTRODUCTION

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 **H.C.Jacopaeus**, a professor of medicine , not surgery , 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**).

Despite its use in **Europe**, thoracoscopy was not widely used in the **United States** until the **1970s**, when acceptance of the procedure followed several technical developments. The introduction of fiberoptics and flexible operating scopes attracted interest in this field (**Miller**, **1978**).

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).