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Advancing pectus deformity care: evaluation of current treatments, complications and future innovations

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Stellingen behorende bij het proefschrift getiteld

'Advancing Pectus Deformity Care: Evaluation of Current Treatments, Complications and Future Innovations'

1. Bracing should always be the treatment of first choice in patients with pectus carinatum, except for patient with underlying syndromes - *Omanik (2024)*
2. In the treatment of pectus carinatum, patient satisfaction and perceived quality of life are more important indicators of success than achieving a perfectly corrected chest wall - *this thesis*
3. Despite the traditional view that pectus excavatum predominantly affects males, females may have a higher prevalence than males, which has been largely overlooked - *Biavati (2020)*
4. An assessment of physiological impairment caused by pectus excavatum should always be conducted before treatment, with MRI being the preferred method for evaluation - *Coorens (2024)*
5. A step-up approach starting with vacuum bell therapy in young pectus excavatum patients may reduce the need for invasive Nuss repair without compromising outcomes - *this thesis*
6. Intercostal nerve cryoablation should replace epidural analgesia as the standard pain management technique after the Nuss procedure - *Van Polen (2025)*
7. Early detection of pleural effusion after the Nuss procedure is crucial for preventing serious complications - *this thesis*
8. Psychological support should be an integral component of pectus deformity management - *this thesis*
9. 'A diamond is merely a lump of coal that did well under pressure' (Kissinger, 1970); this metaphor applies equally to academic development
10. The more we learn about the human body, the more we realize how little we truly understand, and the more we marvel at its mysteries

Referenties

Omanik P, Sesia SB, Kozlikova K, Schmidtova V, Funakova M, Haecker FM. Bracing of Pectus Carinatum in Children: Current Practices. *Children (Basel)*. 2024;11(4).

Biavati M, Kozlitina J, Alder AC, Foglia R, McColl RW, Peshock RM, et al. Prevalence of pectus excavatum in an adult population-based cohort estimated from radiographic indices of chest wall shape. *PLoS One*. 2020;15(5):e0232575.

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Van Polen EJ, Franssen CJ, Daemen JHT, Isabella AJ, Franssen A, Hulsewé KWE, et al. Postoperative Pain Management After Minimally Invasive Repair of Pectus Excavatum: A Systematic Review and Network Meta-analysis. *J Pediatr Surg*. 2025;60(6):162282.