Letter to the Editor

Open versus thoracoscopic thymectomy for non-neoplastic myasthenic patients: is there a space for a third way?

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We have read with great interest the article by Lin and colleagues [1] reporting on the outcome of the comparison between minimally invasive video-assisted and open-extended trans-sternal approaches for thymectomy in patients affected by myasthenia gravis (MG).

The discussion regarding the optimal surgical approach for thymectomy in MG is an ongoing widely debated issue. Substantially, the lack of a univocal and validated parameter to challenge the appropriateness of any given approach is based on the fact that the long-term remission remains somewhat not directly, consistently and coherently connected with the extension of the resection performed during thymectomy [2]. Nevertheless, a commonly shared opinion remains that the thymus along with any possible extra-thymic localisation of thymic tissue should be removed at the time of operation and this belief gives strength to the assessment of any given approach, which is commonly based on the overall amount of thymic tissue and mediastinal fat removed during operation [2,3]. In this setting, again, the degree of uncertainty is witnessed by the lack of any validated ‘cut-off’ quantity. Following the lines of extreme simplification and briefly integrating the data reported by Lin [1], we could speculate that an approach which gives both the best exposure of the mediastinum with an ideally low to very low morbidity rate would meet all the requirements needed for an MG patient where surgery has been indicated. The cosmetic outcome could have its relatively high value, especially in young women. Our group has rich experience in thymectomy for MG patients and we have adopted, in this setting, an original approach for thymectomy with a video-assisted infra-mammary cosmetic incision and median sternotomy: long-term results in 180 patients. Eur J Thorac Cardiovasc Surg 2009;35(6):1063—9.


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Reply to Letter to the Editor

Reply to Cusumano et al. Open versus thoracoscopic thymectomy for non-neoplastic myasthenia gravis: a rejoinder

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We appreciate the observations and insights raised by Cusumano and co-workers [1] regarding our study on thymectomy for non-thymomatous myasthenia gravis (NTMG) [2].

We agree that the standard surgical approach for NTMG remains controversial. The goal of thymectomy in MG patients is to achieve the best complete stable remission (CSR) rate, which is related to the radical removal of thymic tissue [3]. Many different thymectomies can achieve this, including trans-cervical, trans-sternal and thoracoscopic.