

Preface

We are excited to bring this focused issue for the *Journal of Thoracic Disease* on “Advances in Bronchoscopic and Endoscopic Interventions for Thoracic Disease.” The diagnosis and treatment of thoracic malignancies continues to evolve. It is imperative that the thoracic surgeons evolve in tandem with these advances, and that our trainees similarly are exposed to new ways of managing thoracic disease. The solution is to understand which new modalities and interventions are available for maintaining a complete, full-service thoracic practice, to optimize care of our patients. With greater adoption of lung cancer screening programs comes the identification of small nodules which may be challenging to identify during surgery. One solution? Navigational bronchoscopic localization with dye marking of the lesions. Endobronchial ultrasound is being adopted by surgeons and pulmonary physicians around the world. Is there still a role for mediastinoscopy—Dr. Yasufuko from Toronto addresses this question in his contribution. Unlike traditional bronchoscopic ablative therapies (such as YAG Laser or PDT, a new modality spray cryotherapy is now available not only for palliation of malignant airway obstruction but also for treating benign strictures. The review by Dr. Abbas from Philadelphia summarizes indications for cryotherapy, and importantly reviews some of the safety considerations with this modality. Dr. Bhora from New York, provides a counterpoint discussion reviewing the use of airway stents for tracheobronchial strictures. Other novel airway therapies include thermal ablation for asthma, the use of bronchoscopic valves for prolonged postoperative air leaks. Both of these therapies have potential to decrease hospital admissions and lengths of stay. These are important topics in the era of cost containment and for patient satisfaction.

The esophageal minimally invasive topics include per-oral endoscopic myotomy (POEM) for achalasia, and transoral management of Zenker’s diverticulum. Many thoracic surgeons have been faced with the after-hours referral of esophageal perforation—a condition previously associated with significant morbidity and risk of mortality. Esophageal stenting has revolutionized the management of this condition. Dr. Freeman who has led this charge in our specialty, provides an overview as well as discussing his algorithm on when stenting is appropriate for esophageal perforations.

We have asked our contributors to summarize advances in thoracic surgery, all of which tie into the “less is more” approach. We are grateful for their contributions to both to our field and to this supplement. We hope you will enjoy reading their contributions as much as we enjoyed reading them, and will find these helpful to your own practices.



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