

## An introduction to the *Journal of Thoracic Disease* focused issue “Hong Kong Queen Mary Hospital Second Thoracic Surgery Symposium”

The origin of the Cardiothoracic Surgery Department at the Queen Mary Hospital in Hong Kong can be traced back to the Grantham Hospital in Aberdeen, Hong Kong, which was founded in 1957 by the Hong Kong Tuberculosis, Chest and Heart Diseases Association. From the earliest days, the Grantham Hospital provided thoracic surgery services, and from the 1960s, the development of cardiac surgery was also put in place. From the mid 1970s, the Grantham Hospital Cardiothoracic Surgery department has been providing the full range of thoracic surgery and both adult and congenital cardiac surgery services in Hong Kong. In 1992, the first heart transplantation in Hong Kong was performed in the Grantham Hospital, and in 1995, the same Grantham Hospital team performed the first lung transplantation in Hong Kong. In 2008, the Cardiothoracic Surgery Department was relocated from the Grantham Hospital to the Queen Mary Hospital, where it remains to these days the sole provider of intrathoracic organ transplantation and congenital cardiac surgery services in Hong Kong, as well as being the largest tertiary referral center for surgical heart and lung diseases in Hong Kong. Queen Mary Hospital is the flagship teaching hospital of the University of Hong Kong Li Ka Shing Faculty of Medicine.

The Esophageal and Upper Gastrointestinal Surgery Division of the Department of Surgery of the Queen Mary Hospital was founded by the late Prof. Tan Sri Guan Bee Ong. Under the direction of Prof. John Wong and more recently, Prof. Simon Law, it has become a beacon of knowledge in the world of esophageal surgery. In this focused issue of the Hong Kong Queen Mary Hospital Second Thoracic Surgery Symposium, some very difficult problems that affect both the airway and the esophagus, arising from congenital malformation, esophageal cancer or the complications of treatment for esophageal cancer, are being covered. These problems are not commonly encountered, but they are very challenging and this is a good opportunity to have a contemporary review of these issues.

Another collection of topics being covered in this focused issue can be classified as difficult topics in thoracic surgery, ranging from airway complications after intervention, to reconstruction of the pulmonary artery during lung cancer resection, and the resection of tumors involving the chest wall, including the superior sulcus.

Furthermore, there are topics covering the replacement of the esophagus with the jejunum, the evolution of minimally invasive thoracic surgery, and the promise of the hybrid operating theatre for efficient and accurate surgical management of small pulmonary lesions. Finally, there is a review of the lung transplantation experience in Hong Kong, and concluding with the potential of utilizing Ex Vivo Lung Perfusion for molecular diagnosis and organ repair for lung transplantation.

I trust that you will agree that the topics being covered in this focused issue of the journal is indeed a smorgasbord of interesting and challenging subjects that will delight all readers with an interest in thoracic surgery.



Dr. Che-Chung Luk

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**Che-Chung Luk**

*Hospital Chief Executive, Queen Mary Hospital & Tsan Yuk Hospital, Hospital Authority, Hong Kong, China.*

*(Email: ccluk@ha.org.hk)*

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