

Dear *Gland Surgery* readers,

It is with great pleasure that I introduce you to this special issue of *Gland Surgery* dealing with endocrine surgery. This surgical subspecialty is growing and developing fast all over the world. This is well demonstrated in this multicontinental work with contributions coming from Europe, Asia and America. Juan Pablo Dueñas explains how endocrine surgery was born and is growing in Latin America and his article may inspire surgical leaders in other regions of the world.

Choosing the subjects and the contributors to this issue was quite easy. On one hand we thought we should focus on controversial topics worth to be reviewed and summarized for the surgeon interested in surgery of the endocrine glands. On the other, the selection of the authors was even easier due to their commitment and original research done on the subjects they have covered. All of them are recognized as global leaders in our field. I thank them all for the thorough work they have done and the timely submission of their manuscripts.

The three first papers deal with the recurrent laryngeal nerve as seen from different angles. Guzmán Franch (Salamanca, Spain) challenges routine preoperative laryngoscopy in patients not at risk of vocal cord paralysis based on a sound literature review. Dr. Chiang (Kaohsiung, Taiwan) has done extensive work in the field of nerve monitoring and injury mechanisms and summarizes it in a fascinating paper. Per Mattson (Stockholm, Sweden) is both an endocrine surgeon and an expert neurophysiologist who has investigated the biology of reinnervation after neurapraxia. You will learn a lot from his article.

Marcin Barczyński (Krakow, Poland) has written a wonderful update on the use of intraoperative PTH in selective parathyroidectomy, emphasizing its advantages as a surgical adjunct but also remembering us that its cost-effectiveness is not proven and that focused surgery guided by two concordant images for a single adenoma may be done without intact parathyroid hormone (iPTH) with good results as reviewed in the European Society of Endocrine Surgeons (ESES) 2009 consensus (1).

Hot topics on thyroid cancer have been covered by two North American surgeons who need no introduction. Electron Kebebew's (Bethesda, USA) update on anaplastic cancer is an awesome work dealing with the most malignant tumor an endocrine surgeon can face. His work testifies the efforts being made to tackle a disease that so far has challenged all our therapeutic protocols. Clive Grant (Rochester, USA) "solo" manuscript is a thoughtful reflection on the evolution of the treatment of papillary cancer during the last decades. It emphasizes the role of thorough surgery—including routine central neck dissection—performed by properly trained surgeons as the mainstay of papillary thyroid cancer (PTC) treatment and as the best guarantee against nodal recurrence. I cannot agree more (2).

The surgical approach to the MEN-1 pancreas has been a controversial subject for the last two decades and my feeling is that it will continue to be a controversial topic for the next two decades. Frederic Triponez (Geneve, Switzerland) has provided us with a well-balanced view of the pros and cons of (early) surgical intervention in these patients to prevent liver metastasis, the main cause of death in MEN-1 patients.

Maurizio Iacobone (Padova, Italy) leads one of the most clinically and scientifically active European units in endocrine surgery with an extensive experience in both malignant and benign surgical adrenal diseases. His superb review on the management of hyperaldosteronism enlightens the difficult decision-making process in patients with Conn's syndrome.

Finally, our group has contributed with a daring manuscript proposing definitions for the different syndromes of post-thyroidectomy parathyroid insufficiency based on our experience in the management and follow-up of patients with hypocalcemia after total thyroidectomy (3).

I wish to express my gratitude to Ms. Molly J. Wang, Science Editor from *Gland Surgery*, who has coordinated so efficiently the handling and the revision process of the original manuscripts. Congratulations and thanks to *Gland Surgery*, a young but already indexed journal, for its interest and efficiency in publishing this useful update issue in the field of endocrine surgery.

In 2015 we celebrate the 60th anniversary of Jerome Conn's description of primary aldosteronism (4) and Robert Zollinger's report on gastrinoma (5), and also the 80th anniversary of Alan Whipple's paper on insulinoma (6). It is more than appropriate that this special issue on surgical endocrinology be dedicated to the three of them.

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