AB017. LA02. Minimally invasive surgery of thymic tumors

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Abstract: Treatments of thymic tumors have been based on surgery with a multidisciplinary approach. Surgical treatment has evolved from transsternal thymectomy to minimally invasive thymectomy (MIT). In general, the short term benefits of minimal invasive approach are well known compared to large open incisions. However, the opinion that the minimally invasive approach itself is a means for proper surgical resection is highly persuasive. It is important that MIT should show comparable oncologic outcome compared to transsternal thymectomy. Because of the rare and indolent nature of the thymic tumors, it is difficult to perform large scale prospective randomized studies. As a result, the international clinical guideline does not provide



established recommendations for MIT. In the principle of surgical resection of the NCCN guidelines, minimally invasive procedures are not routinely recommended due to the lack of long-term data. However, NCCN guidelines state that minimal invasive surgery may be considered for Masaoka stage I-II thymic tumors if all oncologic goals can be met as in standard procedures, and if performed in specialized centers by surgeons with experience. Thymic tumors are rare and spectrum of disease itself is so diverse that most surgeons are not likely to have enough experiences for various approaches. Recent literature shows that technological aspects of MIT are being implemented in a variety of ways. Various surgical methods can be divided into right-sided approach, left-sided approach, bilateral approach, subxiphoid approach, or cervical approach. In addition, according to the surgical instrument, various methods such as video-assisted thoracic surgery thymectomy, robotic thymectomy are performed. Non-intubated thymectomy is also introduced. In this presentation, we will review and discuss about MIT's oncologic outcomes and various technical aspects as described above.

Keywords: Thoracic surgical procedure; thymectomy; minimally invasive surgical procedures

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