

The history of thymic surgery is more than 100 years old. While the first specific thymectomy for myasthenia gravis (MG) was a transcervical operation in 1911 the first series of thymectomies introduced the transsternal technique around 1940. Since then the rare diseases of MG and thymic tumors have been challenges for generations of most skilled surgeons around the world. Accompanied by outstanding scientific achievements MG can be defined as one of the best explained autoimmune diseases today. Both diseases for different reasons require radical surgery. Concerning in particular MG, the anatomical variability and the possible role of ectopic thymic tissue greatly influenced the development of different surgical techniques. Though surgery had been the first treatment attempt for MG and showed successfully improvement of MG the traditional classic controversy between cervical and transsternal approach for surgery still dominates the comprehensive book on surgery of the thymic gland edited by Givel in 1990. At this time the decade of minimally invasive surgery began and included thymectomy by thoracoscopic techniques. Around the year of 2000, with the advent of robotic surgery, robotic assisted thymectomy was introduced as a refinement of the thoracoscopic technique and soon became the top indication in thoracic robotic surgery. While a lot of modifications and further approaches have been described, the old question concerning approval of the role of surgery recently could be answered. The essential role of minimally invasive surgery is no longer in doubt for early stage thymoma as well.

It is the adequate time for the present book on *Thymus Surgery* describing the latest developments advances in comprehensive treatment of MG and thymic tumors. The group of Chinese and international experts most effectively combine the relevant knowledge and guidelines with cutting—edge personal experience of certain surgical techniques. The first part summarizes in 6 chapters the essential details of mediastinal anatomy to really understand the current consensus on requirements for thymic surgery by the relevant medical societies. The classification of thymic tumors, namely thymoma, is a major point as well as the emergencies possibly met while treating MG. The core content of this book is dedicated to the surgical methods for thymectomy. In this second part the dominating role of minimally invasive surgery and especially of subxiphoid approaches is exemplified by the huge tradition and experience of the authors. The expert authors dealing with the most recent study results around minimally invasive and conventional surgical approaches create a lot of understanding for all the actual and future discussions around surgical details of thymectomy. The chapters on robotic thymectomy, decisions regarding thymoma surgery, and reoperations for thymoma impressingly confirm the requirement of thymectomy to be centralized surgery.

The present state and availability of non-surgical treatment methods helps to better understand the exact place of surgery for MG and thymoma. This third part of the book perfectly allows to understand and guide stage-adapted comprehensive treatment algorithms.

The book opens the door to ask for international cooperation in elucidating questions just under consideration as defining the role of thymectomy and suitability of specific approaches for the subgroups of MG patients not considered in the MEGTX-trial, the significance and kind of lymphadenectomy for thymoma and many other questions.

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