

Historically the role of the thymus in health and in sickness has been cloaked in mystery, and misunderstanding. In part this had been perpetuated by the natural virtues of the thymus itself: an organ without discrete boundaries, and a role in the development and maintenance of the immune system that radically changes over time.

Focused study of the thymus has dramatically progressed, with a better and more complete understanding of the thymus in development, immunology, anatomy, and the glands role in immunologic diseases, primary tumors and malignancy.

The role of surgery as an immunologic intervention is now clearly been proven in acetylcholine positive myasthenia gravis, and well defined in tumors and malignancy.

This book importantly progresses the knowledge and study of the thymus by focusing on minimally Invasive approaches to thymectomy. Minimally approaches to thymectomy are presented from experts throughout the world. Innovation and varying surgical approaches are presented and analyzed. Having these varying approaches presented in one publication importantly may accelerate further ingenuity, as varying aspects of each approach offer insights on how to improve almost any approach.

As surgeons adapting and innovating these approaches it is important that we continue to ensure that these approaches and individual learning curves to each approach, in no way whatsoever degrade the primary indication and anatomical tenets of each indication. For myasthenia gravis a complete and total thymectomy, and in tumors and malignancy an R0 resection and zero tolerance for tumor capsular transgression.

Continued progress to prove effectiveness of thymectomy in differing subsets of myasthenia will be important for wider adaptation and acceptance. The different approaches to minimally invasive thymectomy may need to adapt and evolve to the role of lymph node assessment and dissection for thymoma and thymic malignancies. And long-term effectiveness of more advanced thymic tumor resections will require more time to assure clinical equivalence to open resection.

The editors and authors of the presented papers should be congratulated, as each and every one presents state of the art analysis and technical proficiencies. I would encourage readers to carefully read the differing techniques and would encourage continued evolution or our surgical approaches and choices.



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