



TRANSCERVICAL-SUBXIPHOID THYMECTOMY

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Background:

Presentation of evolution of surgical techniques containing a of subxiphoid approach to perform extended/maximal thymectomy for nonthymomatous myasthenia gravis, thymomas and rethymectomy.

Methods:

All consecutive patients operated on for nonthymomatous MG, thymomas and rethymectomies operated on from 1.9.2000 to 1.9.2021 were included.

Results:

The technical variants of the subxiphoid approach included Transcervical-Subxiphoid-VTS Maximal Thymectomy, the Subxiphoid-Videothoracoscopic (intercostal) Extended Thymectomy, the Subxiphoid-Videothoracoscopic (subcostal) Extended Thymectomy and the Subxiphoid-Videothoracoscopic (uniportal) Extended Thymectomy. Overall, 739 patients were operated on for nonthymomatous MG, thymomas and rethymectomies with no mortality and 3% morbidity. The results of our institutional study comparing two techniques of subxiphoid thymectomy with intercostal or subcostal ports are going to be presented.

Subcostal approach for introduction of VATS port for thymectomy provides no advantages in comparison to the standard intercostal ports. Our experience with the use of uniportal subxiphoid approach with elevation of the sternum will be presented.

Conclusion:

1. The variants of extended/ maximal thymectomy are safe and highly for surgery of nonthymomatous myasthenia gravis, thymomas and rethymectomies
2. There was an evolution of our surgical approach with elimination of a cervical incision, failed attempt of substitution of intercostal with subcostal ports and, most recently with introduction of uniportal subxiphoid approach