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Video-assisted thoracoscopic extended thymectomy (VATET) with cervical approach for myasthenia gravis - initial experience

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Abstract
Complete thymectomy plays an important role in the myasthenia gravis (MG) pacient's treatment. Many different surgical techniques have been developed to achieve thymectomy. Of these, thoracoscopic technique is the most recent. There still are many controversies about the most suitable approach for thymectomy. The paper presents in detail the video-assisted thoracoscopic extended thymectomy – VATET – technique, and initial results with this procedure. Prospective data was obtain according to the Myasthenia Gravis Foundation of America (MGFA) recomandations. From Mai 2007 to December 2009, 15 patients with MG underwent the VATET procedure with cervical access. There was no conversion to sternotomic approach. Mean operating time for complete VATET was 215 min (150-280 min), with the cervical procedure requiring 44 min (25-60 min). There was no mortality or intraoperative complications. It was a single case with a thoracoscopic second look for hemothorax from intercostals bleeding. At this time, due to the reduced number of cases, we can't evaluate the therapeutic effectiveness of the VATET. We consider VATET as a valuable surgical option to treat myasthenic patients, with an optimal report between radicality and invasiveness.
Key words: extended thymectomy, myasthenia gravis, thoracos-copic, VATET thymectomy

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