Title: **Extended Transternal Thymectomy for Myasthenla Gravis**

Authors: Rodolphe Durieux, Marc A Radermecker, Guy Dekoster, Raymond Limet

Presenter: Rodolphe Durieux

Abstract:

**Background**

Thymectomy is considered an effective therapeutic option for patients with myasthenia gravis (MG). This study reports the experience of our center looking into the efficacy of the procedure and the influence of different preoperative factors on surgical outcome.

**Methods**

A retrospective chart review/interview was made of 19 consecutive patients who underwent extended transternal thymectomy from 1992 to 2003. The severity of the disease was determined according to the Osserman Classification. Efficacy was measured by determining the change in Osserman stage, the rate of remission during follow-up, and the reduction in medication requirements after thymectomy. Complete remission (CR) was defined as asymptomatic off medication for 6 months. The CR rate was calculated using the Kaplan-Meyer method. The Wilcoxon test and the Fisher test were also used for statistical analysis.

**Results**

The mean age of the patients at surgery was 34 years (range, 9-63) and 78,9 % were female. Mean length of follow up was 86 months (range, 24-163). The overall complication rate was 10,6 % (1 episode of atrial fibrillation and a left recurrent laryngeal nerve palsy that resolved after the first postoperative month). There was no operative mortality and no postoperative myasthenic crisis. The mean hospital stay was 9,4 days (range, 5-23). The crude CR rate was 32 % (n = 6). Kaplan-Meier estimate of CR was 42 % at 6 years. Age, gender, duration of symptoms, thymic histology, Osserman stage and the presence of thymoma were not identified as prognostic variables. The average daily dose of prednisone and mestinon decreased significantly between the preoperative period and the last follow-up (prednisone, p= 0,0081; mestinon, p = 0,0004).

**Conclusions**

Transternal thymectomy for MG is safe and effective. It benefits patients with MGat all stages. Patients with thymoma are not associated withpoorer remission rate. Completeresponses are durable, as the CR rate remains stable over time.