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# Thymectomy by partial sternotomy for the treatment of non-thymomatous myasthenia gravis

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## Abstract

Background: Myasthenia gravis is an autoimmune disease characterized by weakness and fatigue of voluntary muscles. Thymectomy is considered an effective therapeutic option for patients with myasthenia gravis. The purpose of this study is to evaluate the efficacy of thymectomy by partial stemotomy for the treatment of non-thymomatous myasthenia gravis. Materials and methods: From 2002 to 2006, patients with non-thymomatous myasthenia gravis who underwent thymectomy through a partial median stemotomy were studied prospectively and analyzed to evaluate the results of thymectomy performed by this technique. Results: There were 10 patients (8 women and 2 men) and the mean age at the time of thymectomy was 25.9 years. Eight patients (80%) were in class IIA of Osserman's classification while 2 patients (20%) were in class IIB. Mean duration of symptoms before operation was 2 years. Mean follow-up was 9±3 months. Mean postoperative hospital stay was 6.1 days (5 to 10 days). Pathology examination revealed thymus hyperplasia in all patients. There was no mortality. Complications occurred in two (20%) patients. One (10%) patient needed mechanical ventilation for 24 hours postoperatively. After 6 months of follow-up, 2 patients (2096) had complete remission of symptoms, 5(50%) had a significant improvement, 2(20%) had a mild improvement, whereas one patient (10%) had no improvement in his clinical symptoms. Conclusion: Partial median stemotomy may be a useful surgical approach to the thymus, as demonstrated by the good functional and aesthetic results, associated with low morbidity and no mortality. © 2006 NRITLD, National Research Institute of Tuberculosis and Lung Disease, Iran.

## Reaxys Database Information

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## Indexed Keywords

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