Letter to the Editor

History of extended cervical mediastinoscopy

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We appreciate and read with great interest the article by Call et al. [1] about their extensive experience with extended mediastinoscopy. We fully support their conclusion. In our personal experience with now 108 cases extended mediastinoscopy revealed N2 disease in stations 5 or 6 in 17% of all patients. In 11% of all patients only these stations were positive, meaning that with standard mediastinoscopy without extended mediastinoscopy N2 disease would have been missed.

However, we would like to comment on one more thing: Ginsberg is usually quoted as the inventor of extended mediastinoscopy referring to his publication in 1987 [2]. However it seems adequate and will certainly not reduce Ginsberg’s innumerable achievements in the field of thoracic surgery to honour that Specht in 1965 [3] already described the technique of extended or ‘expanded’ mediastinoscopy (‘Erweiterte Mediastinoskopie’ was the original title) what is rarely noticed and almost never cited. Moreover, ‘Erweiterte Mediastinoskopie’ for Specht not only included the technique rediscovered and populized later by Ginsberg for the para-aortal region but also the exploration of the lower and posterior mediastinum and the hilar and interlobar lymph nodes. Specht’s publications and illustrations are very interesting.

References


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Reply to the Letter to the Editor

Reply to Hu¨rtgen and Witte

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We thank Drs Hu¨rtgen and Witte for their letter [1] regarding our article on extended cervical mediastinoscopy [2]. Their own experience with this procedure is additional evidence of its utility in staging bronchogenic carcinoma of the left lung. We also appreciate their remark on Specht’s first report on this technique [3]. We know his experience and, in fact, quoted him in a previous article on the historical development of radiology and thoracic surgery [4]. We have used his approach to assess the superior mediastinum and the left pleural space in malignant pleura mesothelioma and even to remove left lung nodules. However, Specht’s report skipped our attention on preparing the discussion of our article on cervical extended mediastinoscopy. We regret the omission.

We hope that Drs Hu¨rtgen and Witte’s letter and our reply will call the attention of the readers on the origin and development of this variation of cervical mediastinoscopy.

References


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