TABLE 1. Reviews of thymolipoma with myasthenia gravis in Japan

Author	Age (y), sex	Weight (g)	Osserman
Tsuchiya (1965)	45, F	—	—
Miyairi and Iizuka (1984)	48, F	850	IV
Yamanaka (1987)	55, F	186	IIb
Hongo (1987)	76, F	156	IIa
Hirai (1988)	40, F	—	IIb
Narita and Toyama (1991)	48, F	680	—
Yamamura (1991)	65, F	—	I
Takamori and Hayashi (1997)	29, F	55	—
Okumura (2001)	41, M	—	IIb

- sociation with myasthenia gravis. *J Thorac Cardiovasc Surg.* 2001;122:825-6.
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Reply to the Editor:

We read with great interest the letter to the Editor from Yamamura, Miyamoto, and Yao in response to our article, in which reference is made to the Japanese experience in this matter. Our interest in this rare association arose when in our daily routine we encountered 3 patients with this condition and were uncertain of the best approach and follow-up. Accordingly, we an-

alyzed the bibliography to which we had access and observed several difficulties, due not only to the diverse nature of the journals, some of which are difficult to locate, but also to the number of different languages in which they are published. Today, the only information that exists for physicians with scientific curiosity is the material to which they have access, that is, that which is available in their own language and particularly publications in English, which now is the scientific language of reference. It must be remembered that the journals with the greatest impact, circulation, and scientific rigour are those that appear in English. Information in non-English-language journals is usually relegated to local (nationwide) distribution. This means that the best studies will not be published in these local journals, as they have no impact on the scientific population, and will be sent to more prestigious journals. Moreover, articles that have not been accepted in impact journals often end up in the local literature. This may occasionally lead to the submission of lower-quality studies, and to the scientific committees of these journals demanding less scientific rigour in order to meet a minimum volume of articles.

On this basis, we are convinced that the 18 cases of myasthenia gravis in thymolipoma that we reviewed represent just the tip of the iceberg of cases throughout the

world. The problem is that not all cases are documented. Publishing an article requires dedication and bibliographic research, and if it is to be submitted to an English-language journal, many of us need to have it translated into English. All this involves time and nonremunerated dedication, generally at the expense of time spent with the family. We believe it is important to take advantage of the effort made by Yamamura, Miyamoto, and Yao to review all the cases in Japan, because they have almost doubled the number of cases known and available to the scientific community. We are aware of the rigorousness and seriousness of Yamamura's work, both clinical and scientific, and can therefore vouch for the data that his group reports. We all believed that there were more cases of this association in the world and therefore consider that the message of Yamamura, Miyamoto, and Yao should not be limited to saying there are 14 cases more. If their contribution is to be of interest to the scientific community, I would recommend that they include a more complete table to enable us to draw conclusions from the findings. I believe, for example, that the table should include at least the following: author, age, sex, preoperative evolution, thymolipoma weight, postoperative evolution, relapse, and follow-up time. A table of this kind in an impact journal such as *The Journal of Thoracic and Cardiovascular Surgery* would allow such information to reach most of the scientific community engaged in thoracic and cardiovascular surgery and would help all of us with an interest in the subject to broaden our knowledge of this association.

Antonio Rios Zambudio, MD

Juan Torres Lanzas, MD

Maria José Roca Calvo, MD

Department of Surgery and Department of Thoracic Surgery

Virgen de la Arrixaca University Hospital
Murcia, Spain

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