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Difficulties classifying myasthenia gravis in the pediatric surgical literature

Dear Dr. Holcomb,

We read with interest the manuscript by Derderian et al. [1], and we support their enthusiasm for thymectomy for myasthenia gravis (MG), particularly with respect to minimally invasive techniques. However, we write to register our disappointment with their use of Osserman staging and deFilippi treatment classification, both of which are qualitative in nature and should not be mainstays of contemporary MG literature.

The fluctuating extent and severity of MG have historically made classification difficult. The traditional Osserman's and deFillippi's criteria for grading of severity and postoperative response rely heavily on subjective clinical assessments of "mild," "moderate," and "severe" disease, and cannot account for variations in immunosuppression or neuromuscular blockade. To that end, the Myasthenia Gravis Foundation of America (MGFA) published research standards in 2000 [2], which have been successfully used in the surgical literature [3].

Truly, the MGFA standards have not been validated in children, though there have been suggested modifications for children [4]. Nevertheless, the variability between publications precludes meta-analysis and has discouraged large trials in children. Standardization of objective, validated outcome measures in pediatric myasthenia gravis is certainly needed [5], and we implore future groups to collaborate in development of such measures as expeditiously as possible.

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