

Preface



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Guest Editor

Every endocrine surgeon is familiar with the quotation by the late Dr John Doppman, who said that the best localization study for primary hyperparathyroidism is to localize a good endocrine surgeon. And, we all know the story of the Indian rhinoceros and the discovery of the first parathyroid gland by the anatomist, Sir Richard Owen; of Albert, the trolley car conductor, who underwent one of the first successful parathyroidectomies by Felix Mandl; and of the sea captain, Charles Martell, who underwent seven parathyroidectomies only to die of hypocalcemic complications when a mediastinal parathyroid adenoma was removed. We are aware of the discovery of gastrinoma and the Zollinger-Ellison syndrome by Drs Robert M. Zollinger and Edwin H. Ellison in 1955; of the discovery of the *RET* proto-oncogene and its role in multiple endocrine neoplasia syndromes II and *menin* in multiple endocrine neoplasia syndromes I; and, most recently, of George Irvin III's contributions with the use of intraoperative parathyroid hormone measurement and the minimally invasive parathyroidectomy.

I chose "Multiple Endocrine Neoplasia Syndromes I and II" by Dr Göran Åkerström as the lead article because its subject so beautifully captures the richness of endocrine surgery, the discovery of syndromes and their responsible genetic abnormalities, the fascinating medical histories, the complex case presentations, and the interplay of hormonal and physiologic abnormalities. Not only are these medical histories fascinating regarding the quest for understanding and unraveling the keys to them but also the for the potential of as-yet unrecognized, unnamed syndromes for all who participate in this exciting discipline.

Furthermore, endocrine surgeons not only are united by the intellectual pursuit in evaluating complicated patients, solving a common clinical problem through research, identifying that genetic abnormality, or naming a syndrome but also they are all bound by friendships, collegiality, and mentorship. Call an endocrine surgeon anywhere in the world about a clinical problem, ask for a recommendation or an article written, and you will be called back that same day, most assuredly receive an excellent recommendation, and, at times, receive even two articles.

It is a great honor to have served as a guest editor for this issue of *Surgical Clinics of North America*. The articles herein represent those clinical syndromes that have associated controversy in clinical management, have had exciting recent developments or

discoveries, or are simply complex in their presentation and management. The nationally and internationally acclaimed authors chosen are expert in their field and have written extensively on the topic. I hope you enjoy reading these superbly written articles and in the process are brought up to date with regard to the rich discipline of endocrine surgery.

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