COMMENT



Reply to comment to Long-term outcomes (>5 years follow-up) with porcine acellular dermal matrix (PermacolTM) in incisional hernias at risk for infection: Negro P, D'Amore L, Ceci F, Gossetti F (DOI 10.1007/s10029-015-1406-1)

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Negro and colleagues have responded to our prior report of the unsatisfactory results of the use of porcine acellular dermal matrix (PADM) in the "repair" of complicated ventral hernias. These authors suggest that placement of the PADM in the retromuscular, intramural plane resulted in better outcomes with a surprisingly low recurrence rate and a lesser infection rate; whereas, a bridging technique of repair was unsatisfactory as we reported. These authors raise an important point about the retromuscular plane; we suspect that the reasons for these differences are that this plane probably offers a much more vascularized environment and is possibly more resistant to development of a seroma which can serve as a source of infection. Their findings are similar to a recent report by Carbonell et al. [1] who reviewed about 100 patients with types 2 and 3 wounds who underwent a concomitant ventral hernia repair with retromuscular placement of a permanent light or

medium weight, large pore polypropylene mesh; the results of Carbonell et al. were quite similar to those of Negro and colleagues. We would encourage Negro and associates to continue this work but ask them the following "would they thus suggest that all abdominal wall reconstructions amenable to a Rives—Stoppa retromuscular repair or a posterior components separation repair be performed with such a bioprosthesis rather than with a permanent prosthesis like polypropylene?"

Reference

 Carbonell AM, Criss CN, Cobb WS, Novitski YW, Rosen MJ (2013) Outcomes of synthetic mesh in contaminated ventral hernia repairs. JACS 217:991–998

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