Re: Choi et al. (2012) Ped Surg Int 28:1165–1169: Outcomes following laparoscopic inguinal hernia repair in infants compared with older children

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We read with interest the article by Choi et al. However, the incidence of bilateral inguinal hernias/patent processus vaginalis (PPV) (infants—61 %, older children—35 %) seen at laparoscopy is significantly higher than other published studies and our own experience. Our 2011 systematic review of 61 studies of pediatric inguinal hernia repairs, published in this journal, identified 2,857 patients from a total of 49,568 who developed a metachronous contralateral hernia after their initial unilateral repair [1]. The incidence of bilateral inguinal hernias in children under 6 months of age was just 12.4 % with an overall incidence of 5.6 %.

In the light of these discrepancies, the clinical significance of many inguinal canal defects seen at laparoscopy

must be low. As there are risks involved in laparoscopic hernia repairs, especially to the testis in males, it seems sensible that the criteria for correction of sub-clinical contralateral abnormalities should be re-defined to enable convergence of these widely disparate figures.

References

1. Nataraja RM, Mahomed AA (2011) Systematic review for pediatric metachronous contralateral inguinal hernia: a decreasing concern. *Pediatr Surg Int* 27(9):953–961 (Review)

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