The simple suture laparoscopic repair of peptic ulcer perforation without an omental patch

M. Ates · A. Dirican

Published online: 5 September 2011
© Springer Science+Business Media, LLC 2011

We were pleased to read the article entitled “Laparoscopic correction of perforated peptic ulcer: first choice? A review of literature” by Bertleff and Lange [1]. In the article, the authors state: “Ates et al. [2] presented results with simple suture repair of peptic ulcer perforation without using pedicled omentoplasty; this significantly shortened operating time but the question remains of whether it is safe to abandon omentoplasty completely.” This point must be clarified. We absolutely agree with the authors that avoiding omentoplasty might shorten the operating time, but it might be the reason for the higher incidence of leakage at the repaired ulcer side. We prefer laparoscopic simple suture repair of peptic ulcer perforation, without an omental patch, based on criteria that include the duration of abdominal pain, mean Mannheim Peritoneal Index (MPI), Acute Physiology and Chronic Health Evolution II score, and size of the perforation [2, 3]. If patients are at low risk for leakage, we perform laparoscopic simple suture repair of the peptic ulcer perforation without an omental patch. For three patients who had adhesions caused by chronic cholecystitis, technical difficulty because of inappropriate ulcer localization, or diabetes mellitus with a high MPI and a 12-mm perforation, the laparoscopic surgery was converted to conventional open surgery [2, 3]. Although Seelig et al. [4] did not use any selection criteria for laparoscopic repair without an omental patch, they observed one leak in the 21 patients in their study.

We agree that avoiding omentoplasty might be the reason for the higher incidence of leakage at the repaired ulcer. Therefore, we use criteria to minimize the risk of leakage and avoided laparoscopic simple suture repair of peptic ulcer perforation without using a pedicled omentoplasty in some patients. Using these selection criteria, it is safe to abandon omentoplasty according to our study.

Disclosure M. Ates and A. Dirican have no conflicts of interest or financial ties to disclose.

References

1. Bertleff MJ, Lange JF (2010) Laparoscopic correction of perforated peptic ulcer: first choice? A review of literature. *Surg Endosc* 24(6):1231–1239
2. Ates M, Sevil S, Bakircioglu E, Colak C (2007) Laparoscopic repair of peptic ulcer perforation without omental patch versus conventional open repair. *J Laparoendosc Adv Surg Tech A* 17(5):615–619
3. Ates M, Coban S, Sevil S, Terzi A (2008) The efficacy of laparoscopic surgery in patients with peritonitis. *Surg Laparosc Endosc Percutan Tech* 18(5):453–456
4. Seelig MH, Seelig SK, Behr C, Schonleben K (2003) Comparison between open and laparoscopic technique in the management of perforated: gastroduodenal ulcers. *J Clin Gastroenterol* 37(3):226–229

M. Ates (✉) · A. Dirican
Department of General Surgery, Inonu University Medical
Faculty, Malatya, Turkey
e-mail: drmustafaates@hotmail.com