Use of biological mesh in trans-anal treatment for recurrent recto-urethral fistula

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Dear Editor,

I read with interest the letter by Deepak Batura about our paper entitled “Use of biological mesh in trans-anal treatment for recurrent recto-urethral fistula”. I thank the colleague for his accurate comments. I take this opportunity to clarify the following points:

1. All 7 patients reported in the original article underwent double diversion at least 2 months before the author’s procedure. In this situation, no enteric preparation is necessary with a surgical field clean and ideal to use a mesh in a potential infected site. The biological mesh has a great capacity to progressively integrate itself;
2. All 7 patients we described underwent extensive clinical investigations during serial follow-up visits that excluded urethral stricture, signs of infections or urethral sequelae. That is way the patients did not undergo extra examinations (endoscopic or bacteriological) once the stoma was closed.

I hope this additional information will help to clarify your queries.

Compliance with ethical standards

Conflict of interest None.

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