

Reply to: laparoscopic slit mesh repair of parastomal hernia using a designated mesh: long-term results

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I read with interest the recently published paper of H. Mizrahi et al. on laparoscopic parastomal hernia surgery with a slit mesh technique [1]. Parastomal hernia surgery has been my principal point of interest for many years. In their discussion, the authors refer incorrectly to two of my publications [2, 3].

The authors note, “After having these disappointing results, the same group of authors (Hansson et al.) published a modified technique using both open and laparoscopic approaches, with a hand-made ‘funnel-shaped’ Gore-Tex dual mesh, but long-term results are yet to be published.” Then they refer to the first publication, which was published in this journal in 2007 [2].

This assertion is simply not true. No modification of the technique was performed, and no open technique was described. Rather, as the title of the publication indicates, this is a publication of the short-term results of a prospective clinical study on 55 consecutive patients operated solely by laparoscopy [2]. It was concluded that the laparoscopic keyhole technique is a safe and feasible technique to repair parastomal hernias.

However, a follow-up article was published in this journal in 2009. It revealed the long-term results of the same study with a specific focus on the recurrence rate. It was concluded that the laparoscopic keyhole technique resulted in a high recurrence rate [3].

References

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3. Hansson BME, Bleichrodt RP, de Hingh IH (2009) Laparoscopic parastomal hernia repair using a keyhole technique results in a high recurrence rate. *Surg Endosc* 23:1456–1459

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