COMMENT

Comment to: Laparoscopic extraperitoneal repair versus open inguinal hernia repair: 20-year follow-up of a randomized controlled trial. Barbaro, A., Kanhere, H., Bessell, J. et al.

J. Li¹ · W. Zhang¹

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Dear Editors:

We read with great interest the recent article by Barbaro [1], published in *Hernia*. The authors reported 20 years follow-up of laparoscopic totally extraperitoneal (TEP) vs Shouldice procedure in inguinal hernia repair, and found higher recurrence rate in TEP groups, and we completely agree with the author's interpretation that the higher recurrence rate in TEP was due to the inceptive application of the TEP procedure at that time. We not only applaud for the author's long follow-up, furthermore, we believe that this study was also very meaningful in several aspects, and we have several comments on it. First, it remind us we should evaluate the results of a new technique with not only caution but also with patience, the results of a relative procedure rely on both the technique itself, and the evolution and expertise of its use. Second, when performing meta-analysis, it is a prerequisite condition to include all the previous published trials for analysis. However, from the Barbaro's study, it is clearly informed that the data of incipient or learning-curved period would definitely skew the final pooled results of a meta-analysis, we should bear in mind and interpret the conclusion with caution, or at least set up appropriate subgroup analysis. Third, although Barbaro et al. reported the results of 20 years follow-up, however, the recurrence after TEP was certainly an early episode, it is predictable that a quite early recurrence would be encountered due to

technique insufficiency, and this data was missing in the early report of the results of the same patient group [2], as well as the present report. Although the author indicated that late recurrence (after 10 years) was more in Shouldice group, however, it is interesting and informative to know the recurrence pattern of TEP group.

Compliance with ethical standards

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Conflict of interest No conflict of interest to be declared by the authors.

Ethical approval This study did not need approval from the local ethical committee.

Human and animal rights This article does not contain any studies with human participants or animals performed by any of the authors.

Informed consent This article does not include patients, and therefore informed consent was not applicable.

References

1. Barbaro A, Kanhere H, Bessell J, Maddern GJ (2017) Laparoscopic extraperitoneal repair versus open inguinal hernia repair: 20-year follow-up of a randomized controlled trial. *Hernia*. <https://doi.org/10.1007/s10029-017-1642-7> (Epub ahead of print)
2. Bessell JR, Baxter P, Riddell P, Watkin S, Maddern GJ (1996) A randomized controlled trial of laparoscopic extraperitoneal hernia repair as a day surgical procedure. *Surg Endosc* 10(5):495–500

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✉ J. Li
Lijunshenghd@126.com

¹ Department of General Surgery, Affiliated Zhongda Hospital, Southeast University, 210009 Nanjing, China