Comment to: the use of biosynthetic mesh in giant hiatal hernia repair: is there a rationale? A 3-year single-center experience

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Dear editor,

I read Tartaglia et al.'s article [1] with great interest; however, there are some concerns about the methodology.

In the surgical technique section, the hiatal opening was measured by a soft strip centimeter and U-shaped mesh settled to crura after posterior cruroplasty if the widening was five or more centimeters and we do not know that whether or not adding a relaxation incision or maneuvers like pleurotomy and the result section did not consist of the measurements data. Besides this, the crura tension was assessed visually. Assess to the tension of the crura could be performed with tension gag objectively described earlier [2]. Objective measurements could help to decide for adding any relaxation maneuver or settling mesh.

Another point is that the authors used to score analyses for the evaluation of symptomatology and satisfaction; similar studies were used to the gastrointestinal quality of life index (GIQLI) [3, 4]. GIQLI, as a more objective and detailed index, could be used for the evaluation.

In conclusion, we have a long way to the finish line of the *mesh issue* in the hiatal hernia repair, and if we want to speak the same language and make progress, we should standardize our studies in my opinion.

Compliance with ethical standards

Conflict of interest The author declares that he has no conflict of interest.

Ethical approval For this type of study ethical approval is not required.

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

Informed consent For this type of study formal consent is not required.

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