Diastasis recti: low evidence, expert (and non-expert) opinion, and the daily reality—a path to be created

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Diastasis recti is undoubtedly a “hot topic” in the field of abdominal wall defects and their treatment. The unknown etiopathogenesis of the condition, its ill-defined risk factors and uncertain classification (disease or simple anatomical condition), not to mention the differences in diagnostic assessments used (clinical, ultrasound, CT, MRI etc.), the variable interpretations of patient-reported symptoms, and the questions over its long-term treatment and outcomes, are all challenges that underline what amounts to a currently poor level of scientific evidence. In addition, if we also consider the range of opinions on this topic that are offered not only by experts, but also by those whose methods are, unfortunately, often far from scientific, we see that the picture is even more complicated than we thought.

Precise definitions, correct diagnostic frameworks, identification of risk and (if possible) prevention factors, rational sharing of the professional roles (between physiotherapists, plastic surgeons and hernia surgeons), and in-depth evaluation of surgical techniques and what they can achieve, are all indisputable needs.

For all the above reasons, we have chosen to make *diastasis recti* the subject of one of our 2021 FORUMs focused

on current topical issues, to be followed, as always, by a dedicated Topical Collection.

As ever, we will be inviting particular experts in the field to contribute. However, we are also inviting HERNIA readers to start submitting their original papers on the topic, “how I do it” pieces, reviews and letters, that will be peer-reviewed as usual.

In this first issue of 2021, we start with uncomplicated ventral hernias, and in the coming issues, we will progressively narrow the field to umbilical and epigastric defects (closely bound up with *diastasis recti*) and to complex abdominal wall hernias.

Finally, looking ahead, in another FORUM, this year we will also be focusing on the “hot topic” of chronic postoperative pain after inguinal hernia repair.

I wish to take this opportunity to wish all our readers a happy new year.

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