Comment to “When to use a prophylactic mesh after stoma closure: a case–control study”

A. K. Pal¹

Received: 13 November 2021 / Accepted: 25 November 2021 / Published online: 24 January 2022
© The Author(s), under exclusive licence to Springer-Verlag France SAS, part of Springer Nature 2022

Dear Editor(s),

We read with interest the recent article published in your journal by C. Ramirez-Giraldo et al. [1]. This retrospective case–control study done on 164 patients attempts to identify the factors responsible for incisional hernia after stoma closure and thereby provide a framework for categorizing patients necessitating the use of prophylactic mesh at the time of stoma closure. This study concludes that prophylactic mesh must be considered in patients developing parastomal hernia as it was found as independent risk factor with OR of 5.9 in their study. However, we would like to humbly put few points and queries that cropped up during critical appraisal of this manuscript. Parastomal hernia as a stoma-related complication requires evaluation by clinical examination and/or radiological evaluation (CT), so in this study, whether evaluation (clinically or radiologically) along with any classification of parastomal hernia was done or not [2, 3]. Moreover, management of parastomal hernia itself requires prosthetic reinforcement [4] in many cases and whether any particular management was done for parastomal hernia during or after performance of stoma reversal during the course of follow-up before development of incisional hernia in these patients. Nevertheless, this study provides a robust platform for research on topic of prophylactic mesh placement after stoma closure.

Declarations

Conflict of interest Ajay Kumar Pal declares that he has no conflict of interest.

Ethics approval Not applicable.

Human and animal rights Not applicable.

Informed consent Not applicable.

References

1. Ramírez-Giraldo C, Torres-Cuellar A, Cala-Noriega C et al (2021) When to use a prophylactic mesh after stoma closure: a case–control study. *Hernia*. <https://doi.org/10.1007/s10029-021-02508-3>
2. Seo SH, Kim HJ, Oh SY, Lee JH, Suh KW (2011) Computed tomography classification for parastomal hernia. *J Korean Surg Soc* 81:111–114
3. Gil G, Szczepkowski M (2011) A new classification of parastomal hernias: from the experience at Bielanski Hospital in Warsaw. *Pol Przegl Chir* 83:430–437
4. Styliński R, Alzubedi A, Rudzki S (2018) Parastomal hernia - current knowledge and treatment. *Wideochir Inne Tech Maloinwazyjne* 13(1):1–8. <https://doi.org/10.5114/wiitm.2018.72685>

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

This comment refers to the article available online at <https://doi.org/10.1007/s10029-021-02508-3>.

✉ A. K. Pal
akpal.jnmc@yahoo.com

¹ Department of Surgery, King George's Medical University, Lucknow, UP, India