



# Comment to: Adolescent inguinal hernia repair: a review of the literature and recommendations for selective management

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Dear Editor,

During a systematic search of the literature on the management of groin hernia in adolescents, I identified a recent review on this topic [1]. As a researcher on the subject, I read the article with great interest. The article attempts to give an overview of the literature on inguinal hernia repair in adolescents aged 10–19 years while also presenting a treatment algorithm.

First, I want to applaud the authors' efforts to investigate and summarize the evidence on inguinal hernia repair in adolescents. This is an understudied age group in the hernia literature, and efforts to increase the level of evidence are of great importance. Having read the article though, some concerns could be raised.

Despite purporting to present data on adolescents, only few of the studies cited in the article report data on this population.

The study includes two tables (Tables 1 and 2) presenting, citing, and summarizing data on recurrence rates and other postoperative complications, respectively. The titles of both tables imply that they present data on adolescents. However, the tables present data from some studies that do not include adolescents aged 10–19 years (Andresen et al.). While some of the studies do include some adolescents, most patients are either young children or adults, and not adolescents (Wheeler et al., Tolver et al., Abraham et al., Bansal et al., Peitsch, Grimsby et al., Lee et al., Iraniha et al., Lockhart et al., Etele et al., and Reinpold). In some cases, studies cited in the tables are not in the reference list (Nakashima).

Given these problems, I feel obliged to bring these concerns forward, as the article may mislead clinicians who are dealing with adolescents with inguinal hernias. While the authors' efforts to compile data on this topic are praiseworthy, this article cannot be considered as presenting data on adolescents and the conclusions can therefore not be used as guidance for clinicians.

## Declarations

**Conflict of interest** HR reports no potential conflict of interest.

**Ethical approval** This letter to the editor does not require ethical approval.

**Human and animal rights** This letter to the editor does not involve human or animal subjects.

**Informed consent** Informed consent is not required for this letter to the editor.

## Reference

1. Lobe TE, Bianco FM (2022) Adolescent inguinal hernia repair: a review of the literature and recommendations for selective management. *Hernia* 26(3):831–837. <https://doi.org/10.1007/s10029-021-02551-0>

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