Do we really need a renaissance of pure tissue repair? Invited comment to: Desarda’s technique versus Lichtenstein technique for the treatment of primary inguinal hernia: a systematic review and meta-analysis of randomized controlled trials. Emile S, Elfeki H
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INVITED COMMENTARY

Do we really need a renaissance of pure tissue repair? Invited comment to: Desarda's technique versus Lichtenstein technique for the treatment of primary inguinal hernia: a systematic review and meta-analysis of randomized controlled trials. Emile S, Elfeki H

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Do we really need a renaissance of pure tissue repair?
Inguinal hernia operations with mesh, open or endoscopic, have been regarded as standard procedures for decades and are well supported scientifically [1, 2]. Nevertheless, numerous recurrences and an apparently steadily growing number of patients with chronic pain after mesh implantation are still found today.

It is also regarded as common sense today that inguinal hernias can differ greatly and a single standard procedure for surgical management of all inguinal hernias does not suffice in many cases. In recent years, there has, therefore, been a fundamental recommendation for a tailored approach [2]. This signifies a procedure adapted to the actual situation (hernia size and type) and to the patient’s risk profile (genetics, age and comorbidities). However, every surgeon seems to interpret “tailored surgery” fundamentally different and there appears to be no consensus to date on the approach.

The Desarda technique was first presented and published in 2001 by Mohan P. Desarda, a surgeon from Pune in India. The basic principle of this operation technique is reinforcement of the posterior wall of the inguinal canal by an external oblique aponeurosis flap lying on the crossing fibers of the fascia [3]. Unlike the Shouldice technique, this operation method appears to be easier to learn.

Six randomized studies were summarized in the present meta-analysis and compared with the Lichtenstein technique, which is established worldwide. Although the respective patient groups are presumably nonhomogeneous (inclusion criteria variable, no standardized technique, different often too short follow-up time to determine recurrence rate), the study quality may be classified as comparatively average.

Do we need any or any other suture repairs in the operation technique portfolio in 2017? There are arguments in favour:

– The associations between synthetic mesh and chronic pain, especially in younger patients, and also the long-term effects of mesh do not yet appear to have been finally studied scientifically [4, 5].
– The development by the industry of new mesh materials, including long-term resorbable ones, suggests that the “ideal mesh” has not yet been invented.
– Individual well-informed patients express reservations regarding foreign materials in hernia management.
– There have been independent scientific studies in recent times that suggest that mesh-free operation procedures in expert hands (for example, the Shouldice technique) deliver equivalent results at least in selected patients [6–8].

With the Desarda technique, numerous questions must still be answered:

– May this operation technique actually be used for nearly all patients-/hernias?
– Are there limitations to the Desarda technique?
– Which patients are ideal for a Desarda operation?
– Was the posterior wall of the inguinal canal opened in all cases to exclude a femoral hernia?
– What is the long-term recurrence rate using a long-term resorbable suture as recommended by Desarda [9]?
The Desarda method appears to represent an alternative to the Lichtenstein procedure according to the present meta-analysis. However, the Desarda method should not be recommended for every patient. For younger patients with smaller indirect/direct or midsize indirect hernias and patients with concerns against foreign body, it could be an option to any kind of mesh repair. Further high-quality studies with long-term follow-up (5 years) on recurrence and incidence of chronic pain are needed to answer open questions.

Compliance with ethical standards

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

Ethical approval This comment did not need approval from an ethic committee.

Statement on human and animal rights This comment does not contain any studies with participants or animals.

Informed consent Informed consent was not required for this comment.

References