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Title: Inguinal hernia repair-The hypothesis postulated in the article is not true

Article Type: Letter to the Editor

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Abstract: G. Amato¹ et al published an article titled "Sphincter-like motion following mechanical dilation of the internal inguinal ring during indirect inguinal hernia procedure" in this esteemed journal Volume 13, Number 1 / February, 2009. It was postulated by them that the adhesiolysis in and around internal inguinal ring will restore the so called concentric muscular complex or "striated sphincter complex" back to dynamic formation. They have also touched to the subject of anatomy and physiology of the inguinal canal while discussing about this hypothesis in their article. The author to this letter to the editor feels that this hypothesis itself is not true because one can never achieve complete adhesiolysis and more over can not prevent formation of adhesions again after surgery.

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5 **Inguinal hernia repair-The hypothesis postulated in the article is not true**
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8 To,

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10 The Editor,

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12 I read with interest the recent article of G. Amato et al describing a new hypothesis of inguinal
13 hernia repair ⁽¹⁾. G. Amato et al stated that “Through years of surgical experience, we have seen
14 the formation of adhesions and fibrosis in these delicate and key structures, and hypothesised
15 that they may impair its shuttering action, thus, creating a patency of this jammed inguinal ring
16 leading to hernia”. This hypothesis itself is highly questionable. The adhesions and fibrosis seen
17 by G. Amato et al in the operations performed by them are the results of hernia formation and do
18 not precede hernia formation. They should have done inguinal canal dissections in normal
19 individuals or cadavers to draw such conclusions and postulate such hypothesis. B. J. Anson⁽²⁾
20 has done inguinal canal dissection in 500 body halves and clearly mentioned the detailed
21 anatomy of aponurotic extensions from the transversus abdominis aponurotic arch (Dessiduous
22 part). The author of this letter to editor has further highlighted the importance of this, till today
23 neglected structure, as the basic primary factor that prevents hernia formation in the normal
24 individuals. ⁽³⁾ The posterior wall of inguinal canal from the pubic tubercle to the internal ring is
25 not formed by transversalis fascia alone as a single layer structure but is formed by two layers.
26 Another layer is of those aponurotic extensions that give real protective cover. Inguinal hernia
27 formation takes place in those individuals in whom this layer is either absent or deficient. The
28 strength of the posterior wall is directly proportionate to the number of fibres it contains and not
29 to the transversalis fascia, which is papery thin. ⁽⁴⁾
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4 G. Amato et al should have given answers to many questions like 1) How can any body draw
5 new conclusions in a retrospective study? 2) Can any body really remove all fibrotic elements
6 especially when they are intra muscular? 3) Can any body really dilate an already dilated and
7 patulous internal ring? 4) How could they measure the completeness of the adhesiolysis in each
8 patient on which their hypothesis is based? 5) Do they mean that there will not be fibrosis again?
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10 6) Do they mean that the prosthesis inserted by them will not result in fibrosis? 7) The results
11 seen by them in their series are because of the prosthesis alone or because of their maneuver of
12 internal ring dilatation and adhesiolysis?
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26 The author feels that “1.Meticulous adhesiolysis, 2.Mechanical dilation (divulsion) of the
27 inguinal orifice, 3. Allowing viable muscle fibres to contract freely, 4. Give a gentle outwards
28 force to induce a reactive contraction of the sphincter-like muscle” are all imaginary without any
29 scientific support. The statements in conclusions and else where that “This circular-shaped
30 muscular structure, concentric muscular complex” were never heard or read by the author. No
31 body gave such description of those muscles in the past in any text book. G. Amato et al should
32 have given evidence to such statements also.
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45 The author to this letter to editor has already published a new method of inguinal hernia repair
46 without mesh that is based on the physiological principle⁽⁵⁾ and the new concepts or theories that
47 prevent hernia formation in the normal individuals.⁽³⁾ The readers are requested to read both
48 these articles for better understanding of the surgical anatomy and physiology of the inguinal
49 canal.
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