



Letter to the Editor

## Long-term follow-up of pediatric open and laparoscopic inguinal hernia repair



Dear Editor,

We read with interest the article “Long-term follow-up of pediatric open and laparoscopic inguinal hernia repair” by Chong AJ, Fevrier HB, Herrinton L, [1] published in the *J Pediatr Surg* 2019;54:2138–44 ([https://www.jpedsurg.org/article/S0022-3468\(19\)30120-4/fulltext](https://www.jpedsurg.org/article/S0022-3468(19)30120-4/fulltext)). This is a long awaited study since the early days of using laparoscopy for pediatric inguinal hernia repairs in the late 1990s. I have some questions and a comment in regard to the article.

Questions:

- 1) Were there any complications in the laparoscopy groups exclusively related to use of the laparoscopy instrumentation (vascular / bowel injuries) / port related complications or technical failures, and what was the rate of conversions if any?
- 2) Was the youngest patient a newborn (you mention zero age as lower limit)?

Comment:

Your conclusion “the use of laparoscopy to visualize the contralateral side resulted in a significantly lower rate of metachronous contralateral repair” is what strengthens this study to favor laparoscopy. However, it is no longer the norm in conventional open surgery, especially in boys, to offer bilateral exploration for unilateral hernia with a non-manifest contralateral hernia. Although many may have a contralateral patent

processus vaginalis, most of them would not manifest with a hernia that merits contralateral herniotomy.

Thus, I fear that laparoscopic inguinal hernia repair in the pediatric population may lead to an unnecessary increase in surgical intervention for patent processus vaginalis on the contralateral side, many of which may never develop any symptoms [2].

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<https://doi.org/10.1016/j.jpedsurg.2020.03.027>

### References

- [1] Chong AJ, Fevrier HB, Herrinton L. Long-term follow-up of pediatric open and laparoscopic inguinal hernia repair. *J Pediatr Surg* 2019;54:2138–44.
- [2] Burgmeier C, Dreyhaupt J, Schier F. Comparison of inguinal hernia and asymptomatic patent processus vaginalis in term and preterm infants. *J Pediatr Surg* 2014;49:1416–8. [https://www.jpedsurg.org/article/S0022-3468\(14\)00228-0/abstract](https://www.jpedsurg.org/article/S0022-3468(14)00228-0/abstract).