



Commentary

Letter to editor concerning article titled “The negative pressure wound therapy may salvage the infected mesh following open incisional hernia repair”



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Dear Editor,

We read with great interest the article by K. Boettge et al. [1] “The negative pressure wound therapy may salvage the infected mesh following open incisional hernia repair” published in Annals of Medicine and Surgery volume 61, pages 64–68. We would like to appreciate authors approach of utilizing negative suction wound therapy for mesh infections in incisional hernia. Authors have reported a retrospective study of 30 patients, undergoing negative suction wound therapy for mesh infection in incisional hernia from 2007 to June 2020. We agree with the fact that mesh infection is a serious complication and difficult to manage, eventually leading to removal of the mesh. In such a scenario negative suction wound therapy may add to surgeon’s armamentarium to salvage the mesh. However, a peculiar observation is noted in Table 2 of the article [1]. Although authors have mentioned 13 patients underwent component separation by transversus abdominis release while sublay procedure [2] was performed in only 11 patients out of total number of 30 patients. Transversus abdominis release (TAR) includes posterior component separation, described as a myofascial release technique in surgery of complex ventral hernia [3]. In onlay technique as described by Chrevel [4] mesh is placed anterior to the defect and role of transversus abdominis release is questionable.

We consider that this article has enlightened us about the use of negative suction therapy and its utility in salvaging mesh from infection. Additional description about component separation and technique employed will further enhance our understanding of the article and will be beneficial to all readers.

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Table 2
Perioperative data I

Variable	Study group
	n = 30
Mesh placement	19
	<i>onlay</i>
	11
	<i>sublay</i>
Component separation ^a	13
Primary incisional hernia	18
Relapse	12
Operating time	122.6 (51.1)
	<i>minutes</i>

Continuous measurements are presented as mean (SD).

^a TAR transversus abdominis release.