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Commentary: Paraesophageal hernia repair: Don't slip up

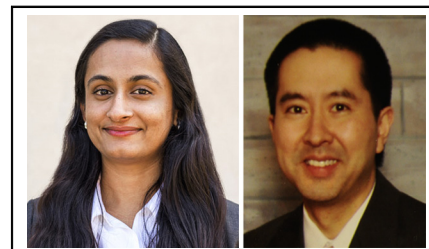
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Repair of paraesophageal hernia has evolved greatly since its earliest description in 1919.¹ Open thoracic approaches have made way to minimally invasive techniques by laparoscopy; however, recurrence rates have been high, reportedly up to 60%.² Although most recurrences are radiographic, with rates of revision surgery being much lower, this high rate indicates that the surgical community still needs to improve.

The current Video Atlas article provided to us by Alicuben and colleagues³ is a detailed description of the operative technique used at the University of Pittsburgh Medical Center to achieve a successful and durable repair of paraesophageal hernias. The components of the repair need not be restated here, as they are clearly explained and demonstrated by the authors. Needless to say, each of these components are of vital importance to the repair and should be meticulously performed, without short cuts or compromise.

The surgeons at the University of Pittsburgh Medical Center have long been leaders in the field of minimally invasive foregut surgery. Luketich and colleagues⁴ had previously published their results of giant paraesophageal hernia repair by laparoscopy, reporting a radiographic recurrence rate of 15.7% and a reoperative rate for recurrence of 3.2%. These results are comparable with the often-quoted benchmark set by Maziak and colleagues⁵ at the University of Toronto of 2.2% with transthoracic repair.

It is unlikely that the "Holy Grail" of zero recurrence after paraesophageal hernia repair will ever be attained; the hiatus is a dynamic region under constant stress and strain, but the recurrence rates still appear to be high. It is imperative to show the medical community that we can



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CENTRAL MESSAGE

Recurrence rates after repair of paraesophageal hernia continues to be high. Surgeons should adhere to all components of the repair and perform each with great attention to detail.

do much better; surgeons should honestly evaluate their recurrence rates and, if high, improve their technique. This Video Atlas article by Alicuben and colleagues³ provides the perfect start; it is indeed a must-read (must-view) for surgeons of all levels who seek to tackle the repair of such a complex region.

As a final thought, it has been more than a decade since Luketich and colleagues⁴ first published their outstanding results with laparoscopic repair of giant paraesophageal hernia. As the authors have shown, the development of new techniques is of paramount importance toward reducing morbidity for our patients. Hopefully, the authors continue to review and share their results for the more recent cohort to elucidate a promising trend for decreased recurrence rates.

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