

Comment on: Tension-free mesh *versus* suture-alone cruroplasty in antireflux surgery: a randomized, double-blind clinical trial

W. Attaallah *

Department of General Surgery, Marmara University School of Medicine, Istanbul, Turkey

*Correspondence to: Department of General Surgery, Marmara University Pendik Teaching and Research Hospital, Fevzi Cakmak mah. Mimar Sinan cad. 41, UstkaYNarca, Pendik, Istanbul 34899, Turkey (e-mail: drwafi2003@yahoo.com)

Dear Editor,

I read the article by Analatos *et al.*¹ with great interest. In previous studies, it has been suggested that mesh for large hiatal hernia should be used. Primary repair is easily possible in small hiatal hernias and the use of mesh for small hiatal hernias is over-treatment. Furthermore, the most important step in the procedure of hiatal hernia repair is the fundoplication to prevent the oesophagus from slipping in the chest. In this study, it would be more logical to create subgroups and compare repairs with and without mesh for hiatal defects larger and smaller than 4–5 cm. Perhaps there would have been a significant difference. In addition, the definition of the size of the hiatal defect is unclear. Is it the distance between the gastro-oesophageal junction and diaphragm impression or the size

of the hiatal defect itself? And how was this measured, endoscopically or laparoscopically? If the length of sliding of the gastro-oesophageal junction is meant, I suggest giving information about how it can be measured by a swallow study.

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Reference

1. Analatos A, Håkanson BS, Lundell L, Lindblad M, Thorell A. Tension-free mesh *versus* suture-alone cruroplasty in antireflux surgery: a randomized, double-blind clinical trial. *Br J Surg* 2020; **107**:1731–1740.