



## Comment on ‘Mesopexy and mesoplasty in sigmoid volvulus recurrence’

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Dear Sir,

I read with interest the correspondence entitled ‘Sigmoid volvulus: avoiding recurrence’ written by Atamanalp and Atamanalp [1]. In this paper, the authors present some unfamiliar tips in addition to some well known rules, which help to minimize a probable recurrence of sigmoid volvulus (SV). I want to discuss some details of mesopexy and mesoplasty techniques.

In emergency surgical treatment of SV, the authors suggest a volvulus-reducing technique including mesopexy or mesoplasty, or preferably sigmoid colectomy in selected low risk and nonelderly patients with viable bowel. Otherwise, the authors do not recommend colopexy unless it is really necessary and they recommend mesopexy instead of colopexy [1]. It is well known that volvulus-reducing procedures may decrease the risk of recurrence of SV [2, 3]. Among these techniques, mesopexy and mesoplasty are associated with 1–8% mortality, 10–20% morbidity, and 0–36% recurrence rates [4, 5]. However, in my opinion, choosing the optimal procedure to prevent the recurrence of SV is still controversial.

First, I am interested in the experience of the authors with mesopexy. Can this technique adequately fix sigmoid mesentery? Is mesopexy good enough for the prevention of SV recurrence? As known, this technique can be performed using single or multiple fixation sutures, or linear or circular suturing methods. Which kind of mesopexy is preferred by the authors? On the other hand, mesenteric vascular injury is a potential risk of this technique when the fixation sutures are not carefully placed. What do the authors think about the complications of mesopexy including vascular injury

and sigmoid ischemia? Moreover, why do the authors prefer mesopexy to mesoplasty?

Second, I wonder about the authors’ experience with mesoplasty. Can this technique really distort dolichosigmoid (the anatomical predisposition to SV) adequately? Is mesoplasty good enough in the reduction of SV recurrence? As known, this method transforms the anatomy of the sigmoid mesentery. Is mesoplasty a noninvasive or minimally invasive procedure? Can the risk of mesenteric vascular injury be ruled out in this technique? It is clear that to modify the anatomy of the mesentery requires more time. How long does mesopexy take? Can sigmoid colectomy be performed in the same period?

I think that the authors’ comprehensive experience may help to clarify what the optimal procedure might be to limit SV recurrence in surgically treated patients. I congratulate the authors for their eye-opening suggestions.

### Compliance with ethical standards

**Conflict of interest** The author declares that he has no conflict of interest.

**Ethical approval** This article does not contain any studies with human participants performed by any of the authors.

**Informed consent** For this form of study, formal consent is not required.

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