A 42-year-old woman had undergone a retroperitoneal laparoscopic left partial nephrectomy in a local hospital in 2016. And she did a CT scan in 2017 that demonstrated a hernia in the trocar site (Fig. 1). However, the hernia could not be palpated on her left waist, the patient denied any discomfort, either. Her body mass index was 22.7 kg/m². She did not have any other disease, such as diabetes mellitus or chronic obstructive pulmonary disease. We suggested her to follow-up once a year in future.

Nine studies focused on this issue were identified (Table 1). It was obvious that the morbidity of trocar site hernia since 2015 was 2.2%-8.7%7,9 which was much higher than that of studies published before 2015 (lower than 1%).1-6 We supposed that this may be due to more follow-up data and thoughtful study design in recent years.

Takei et al9 found that transversus abdominis fascia closure under observation through the kidney-removal site could reduce the incidence of trocar site hernia for patients undergoing retroperitoneal laparoscopy. We doubt that if the "transversus abdominis fascia" may mean to the transversalis fascia, which was presented in Figure 2. Whether a herniate structure formed or not should also be checked before wound suture.10
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References


Figure 2. Anatomy of transversalis fascia.