



## Comment on 'Colopexy in sigmoid volvulus recurrence'

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Dear Sir,

I read with interest the paper written by Atamanalp and Atamanalp [1], entitled 'Sigmoid volvulus: avoiding recurrence'. The paper contains both basic treatment rules and lesser known clues for minimizing recurrence in sigmoid volvulus (SV). As a surgeon and an endoscopist, I want to discuss the role of colopexy in the treatment and recurrence of SV.

First of all, following a successful endoscopic decompression, percutaneous endoscopic colopexy (PEC) may be applied to reduce SV recurrence in selected frail and elderly patients [2]. The mortality, morbidity, and recurrence rates of this procedure are reported to be 5%, 21%, and 7%, respectively [3]. One of the major complications of PEC is peritonitis due to fecal leakage from the fixation tube application site, which is seen in 5% of the patients [4]. Although the optimal PEC technique, including the number of fixation tubes has not yet been determined [2–4], the authors advise to use two or more fixation tubes instead of a single one to prevent a recurrent SV [1]. It is clear that using multiple fixation tubes may increase the risk of leakage and peritonitis which is the major cause of death following PEC. In my opinion, a reduced risk of recurrence is not more important than an increased risk of mortality.

Second, a volvulus-reducing procedure such as colopexy may be used to reduce recurrence in selected well-conditioned and nonelderly patients with SV [5]. Atamanalp and Atamanalp recommend placing multiple fixation sutures instead of a single one to hinder a recurrent turning [1]. Both in PEC and surgical colopexy, what is the mechanism of recurrent volvulus despite a fixation point in the abdominal wall, obtained via fixation tube or suture? Can the sigmoid colon easily re-rotate despite this fixation point? In the

event of a re-rotation, can two or more fixation tubes really prevent it?

I congratulate the authors for making very useful and pragmatic suggestions and await their comments.

### Compliance with ethical standards

**Conflict of interest** The author declares that she 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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