



Comment on 'Colopexy in sigmoid volvulus recurrence'

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Received: 30 May 2019 / Accepted: 20 June 2019 / Published online: 15 July 2019
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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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