Reviewer's report

Title: The use of autologous fascia lata graft in the laparoscopic reinforcement of large hiatal defect: initial observations of the surgical technique

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Reviewer: Pablo Priego

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The use of autologous fascia lata graft in the laparoscopic reinforcement of large hiatal defect: initial observations of the surgical technique.

This is a retrospective review of 10 cases of reinforced primary suture line of the pillars with autologous fascia lata in elective laparoscopic repair of the giant paraesophageal hernia (PEH) with large hiatal defect and friable crura.

First of all, I would like to congratulate authors about this new technique, because as they mentioned in the paper, this is the first use of autologous fascia lata in the reinforcement of the crura after laparoscopic hiatal hernia repair.

I am very concerned in the use of meshes in the hiatus, and although I have never had any important complication with use of meshes, I am looking for the ideal prosthesis to repair these giant PEH.

Related to the paper, I have some questions to authors that I believe are essentials to be mentioned in the manuscript:

- For authors, the indication for using the mesh is a hiatal surface area of more than 8 cm², however, they do not explain how measure this defect. I assume that as they mentioned the reference number 10, it is because they followed the system proposed by Granderath et al in that paper.

- Time frame in which recurrence rates were seen to equalize was 5 years (Oeschlager). There is a well documented short term benefit to mesh that is not seen with longer follow up. I do not think the follow up time from can support the conclusions of this technique is an available option for on-lay reinforcement of large PEH.

In the same way, authors do not describe in the manuscript the definition of recurrence. Problem of papers related to this topic is that many of them do not describe it, and it is very difficult to compare the rate of recurrences, because many of these papers have asymptomatic recurrences in the follow-up and some authors do not considered themselves as a proper recurrence.

- The authors should explain whether these ten patients are consecutive patients or 10 patients that successfully underwent minimally invasive surgery.

Even though the great idea of using this autologous fascia lata graft, I agree with
authors that the main disadvantage of this surgical procedure is cosmetic and included a scar on the thigh, with I do not know if is compatible with the concept of minimally invasive surgery. Moreover the average hospital stay is 6.5 days, which in my opinion is too long.

Furthermore, the manuscript would benefit from review by a native English speaker since the authors use several phrases which are not grammatically correct:

Line 37: “pillars” instead of “pilars”.
Line 73: “post-traumatic” instead of “posttraumatic”.
Line 88: “intraoperative” instead of “intraopreative”.
Line 89: “in an usual” instead of “in a usual”.
Line 120: “retroesophageal” instead of “retroesopageal”.
Line 121: “In such a case” instead of “in sucha a case”.
Line 123: “U” shaped instead of U” shaped.
Line 138: “retroesophageal” instead of “retroesophageal”.
Line 145: “There was no wound” instead of “The was no wound”.
Line 152: “swallowing” instead of “swolowing”.
Line 162: “Several techniques options have been proposed” instead of “Several techniques options were proposed”.
Line 175: “Abscess” instead of “abscedation”.
Line 179: “post-traumatic” instead of “posttraumatic”.
Line 201: “intrathoracically” instead of “intrathoracaly”.
Line 204: “U” shaped instead of U” shaped.

Finally, I believe that references have to update. There are some more recent papers that I consider there are important to be cited in the manuscript.

To summarize, I believe that the technique proposed in this paper to repair the defect of the crura in large PEH is very interesting, but I advice to performed major modifications to be published in the journal.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests