Author's response to reviews

Title: Use of a porcine dermal collagen (PermacolTM) implant for contaminated abdominal wall reconstruction in a 105-year-old patient: A case report and literature review.

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Author's response to reviews: see over
Dear Reviewer,

First, thank you for all the remarks and comments. I learned from them and corrected the report (bolded in red in the revised report).

1. After reading again the medical records, I corrected the mistake- The abdominal skin was closed with several single nylon sutures, leaving an interval of a few centimeters between one suture to the next, due to contamination. Seven days after the second surgery the abdominal skin was closed with close nylon sutures.
2. There could be many reasons for the dehiscence after the first surgery. Since we found necrosis of the abdominal fascia, we believe it is related to an underlying infection.
3. Concerning the patient’s age (105 year old), we preferred the fastest surgery according to our experience, which is abdominal closure with a mesh instead of lateral release or component separation.
4. We believe it was a contaminated surgical field since there was a necrosis of the abdominal fascia.
5. I absolutely agree and added to the report the significant importance of the perioperative care and pre-operative preparation.
6. I apologize for the typing mistake; the mesh was of course sutured in the sublay technique.

Due to their high cost and the fear of post-operative complications, many surgeons decide not to use a biological mesh in a geriatric patient. We believe that the importance of our case report is to offer the alternative of a biological mesh even in the geriatric patient of 105 years!

Again, thank you for all the comments

Dr.Idit Melnik
Resident in general surgery
Barzilai Medical center
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3. After reading again the medical records, I corrected the mistake. The abdominal skin was closed with several single nylon sutures, leaving an interval of a few centimeters between one suture to the next, due to contamination. Seven days after the second surgery the abdominal skin was closed with close nylon sutures.
4. According to the manufacturer's guidelines, the Permachol mesh can be incorporated to the fascia using any type of suture, depending on the surgeon's preference. In our center we prefer a prolene suture.
5. Since the report is retrospective and obviously we can't call the patient for a follow up examination, all the data for the follow up was collected from medical records, as the patient was hospitalized several times due to other reasons, not related to the surgery, and underwent physical examination by a doctor.
6. Since it is a retrospective report, unfortunately we don't have a picture from the patient's surgery, but a picture of the Permachol mesh can be added instead.
7. We added to the discussion that recent studies report favorable outcomes with synthetic mesh in a contaminated ventral hernia (AM Carbonell, CN Criss, WS Cobb, YW Novitsky, MJ Rosen, "Outcomes of synthetic mesh in contaminated ventral hernia repairs", J Am Coll Surg, vol. 217, no. 6, pp. 991-8, 2013 Dec.). However, there usage in a contaminated field is not yet standard of care, and due to this controversial issue the use of a biological mesh is still a reasonable and effective technique.
8. Due to their high cost and the fear of post-operative complications, many surgeons decide not to use a biological mesh in a geriatric patient. We believe that the importance of our case report is to offer the alternative of a biological mesh even in the geriatric patient of 105 years!

Again, thank you for all the comments

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