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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 34761

**Title:** Synthetic versus biologic mesh for repair and prevention of parastomal hernia.

**Reviewer's code:** 03668575

**Reviewer's country:** Netherlands

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-06-10

**Date reviewed:** 2017-06-12

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

This article addresses the important issue of parastomal hernia. The manuscript is well written and easy to read. Methodologically, this study is well performed. The manuscript is very comprehensive, but the combination of parastomal hernia repair and prophylaxis might make it too much as a whole. Especially given the fact that seven meta-analyses on prophylactic mesh placement have been published in the last 2 years, it could be considered to focus on treatment only. In the Methods section, the paragraphs on the surgical techniques seem a bit odd. First the selection is addressed, then surgical technique, followed by data extraction. The authors should consider moving them to the introduction section. Considering the outcome and follow-up, two questions rise. They are briefly mentioned in the discussion, but might need some more attention: 1) some of the studies have a follow-up period under 12 months. It might be considered to have a minimum period of at least 12 months. 2) no details are provided on the method of PSH diagnosis: is it physical examination, US, or CT? This



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can cause considerable differences. When discussing prophylactic mesh placement, some attention could be paid to non-mesh prophylaxis like lateral placement (Stephenson et al. Colorectal Disease 2010) or extraperitoneal colostomy (Kroese et al. Disease of the Colon & Rectum 2016). The statements that prophylactic mesh placement should not be used routinely are not based on the data (in contrary), but on personal opinion. To my opinion, the final statement should therefore be a bit more reserved. Table 6 title: 'prophylactic mesh repair', this seems odd. Change it to 'prophylactic mesh placement'.



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 34761

**Title:** Synthetic versus biologic mesh for repair and prevention of parastomal hernia.

**Reviewer's code:** 02550390

**Reviewer's country:** Denmark

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-06-10

**Date reviewed:** 2017-06-30

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

It is a lengthy but interesting and well-written paper about a complex topic, in fact two topics of parastomal hernia: How to prevent and how to treat parastomal hernia. The lack of hard evidence from controlled trials of parastomal hernia repair makes it difficult to draw valid conclusions and meta-analysis including retrospective studies does not add substantial information. Comments p.8: Following 'Intervention' prophylactic mesh should be added p.10: Prophylactic mesh repair? Should be re-phrased as 'prophylactic mesh placement' p.11: Synthetic mesh repair, second sentence does not make sense or is easily misunderstood. First, the authors cite more than one prospective study in the list of references. Second, the study mentioned (Pastor, ref 34) recruited 12 and 13 patients, respectively, not 669 patients. p.14: Keyhole was used in eight of the studies, not seven. p.19: 'Occurrence of seroma formation....all ePTFE-repairs... [5, 15, 30]. Ref 5 used, however, a polypropylene-based mesh covered by e-PTFE. p.22: The authors state that only one type of mesh was used for repair, failing to state what mesh,



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but it is supposedly an e-PTFE mesh. In two studies, however, polypropylene-based mesh was used (PP+ePTFE, ref 5 and PP+PVDF, ref 7) and in the third study Polyester and PP+PTFE was also used (ref 26). Major comment p. 14, p.15, p.19, p.23: The authors state that Sugarbaker is superior to Keyhole, the same conclusion as drawn by Hansson [ref 11] and Asif [ref 17]. Looking at Figure 5 in the paper of the authors and Figure 6 in the paper of Hansson (ref 11, p. 691) it appears that all failures using the Keyhole technique are related to the use of an e-PTFE-mesh [2,15,17,26,34]. Consequently, the conclusion is recommended to be revised to: The Keyhole technique should not be used with an ePTFE-mesh. The Keyhole technique using a polypropylene-based mesh worked well in one of the largest prospective study of consecutive patients (ref 5), and apparently also in 5 studies of open surgery as reported in the present paper. Tables and Figures are supposed to be self-explanatory and not too hard to read. Number of reference should be added to each author in the tables and figures. Table 1: Head second column: add ...of patients Table 3: First column head: No of what? Second column head: Re-phrase 'without lost to f-up', f ex 'completed follow-up'. Fourth column: Ref 5 (Wara) used a PP-based mesh covered with e-PTFE. 5. column head: Add 'Recurrence of parastomal hernia Figure 6: The title should be re-phrased to Prophylactic mesh placement Minor comments The brackets with number of reference are in the text sometimes placed after the period in the next sentence, in the middle of the sentence or the numbers are lacking (p. 20). p.6: ...focus on hernia recurrence In the absence of hard data in the literature the review contributes to increased knowledge of parastomal hernia