



Avoiding “dogma” ...

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Received: 15 August 2020 / Accepted: 23 September 2020
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Dear Sir,

I read with great interest the article on the redo gracilis flap interposition in the treatment of recto-urinary fistulas (RUFs) published in *Techniques in Coloproctology* [1]. In this intriguing paper, Gilshtein et al. discussed their 25-year experience with this reconstructive technique, reporting a (heterogeneous) series of nine patients with a success rate of 56%.

The authors underlined that this procedure is safe with a low complication rate, concluding that it is a viable option in RUF treatment. I congratulate the senior author for his extensive surgical experience (150+ gracilis interpositions), but at the same time, I need to express some concerns.

We cannot draw conclusions about the feasibility of a technique without considering the (poor) outcomes of the procedure. In my opinion, a success rate of 56% is not sufficient to conclude that redo gracilis flap interposition is a successful technique for treating RUF.

We know that this kind of surgery is challenging, and often the results are frustrating [2].

In treating a fistula, there is a “dogma” involving tissue interposition between two closures to reduce the risk of a recurrence. Nevertheless, in this particular case, the anatomical reconstruction of the layers could be more critical than the flap interposition.

Starting from my specific experience performing the York–Mason intervention in RUF treatment [3], I believe that the crucial moments are represented by the anatomical juxtaposition of the layers of the rectum and the bladder/urethra, and then the meticulous reapproximation of the

muscular layers of the anal sphincter in the reconstruction phase (to minimize the risk of fecal incontinence).

For this reason, instead of focusing on the interposition of a flap, we should stress the role of a good exposure of the surgical field and the precise anatomical reconstruction, avoiding any “dogma”.

Compliance with ethical standards

Conflict of interest The author declares that he has no conflict of interest.

Ethical approval Not applicable.

Informed consent Not applicable.

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Publisher’s Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

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