

Groin hernia repair, the history of the open pre-peritoneal route towards a minimally invasive approach. Narrative review, Ref^o

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The history of pre peritoneal groin hernia surgery start only after solving the problems related to asepsis, antisepsis and anesthesia.

Fundamental work on the use of a new form of polyethylene to create synthetic meshes was carried out in the 1950s by C.Usher. L. Nyhus was the first to popularize the use of a mesh.

But the inventor of the first synthetic prosthesis was Don Eugène Acquaviva in 1944, and the first surgeon to discuss the installation of a pre-peritoneal prosthesis for the treatment of hernias of the groin is Jerome Corti in his thesis in 1949.

In the 50 s and 60 s H. Fruchaud had particularly and directly influenced Jean Rives and René Stoppa, and due to the poor results of techniques without prosthesis, particularly for complex hernias Rives and Stoppa techniques were then disseminated with lots of variations, (G. Wantz, J.H. Alexandre, R. D. Kugel. ...)

But the parietalization step was difficult to achieve for many colleagues and the development of endoscopy has made it possible to clearly demonstrate this crucial step in order to properly unroll the prosthesis.

Franz Ugahary put up resistance against endoscopy with the Grid Iron technique in 1995, the fist open minimal invasive pre peritoneal approach.

In 2004, Pelissier invented a specific semi-rigid prosthesis, which made it possible to codify with colleagues the Trans Inguinal Pre-Peritoneal (TIPP) technique.

But it was also necessary to master the step of parietalization of the cord, this is probably why the ONSTEP technique was created in 2005 by Alberto Louenco and Rui da Costa. It is a partially preperitoneal technique without parietalization.

W. Akkersdick has tackled the challenge with the Trans Rectus sheath Pre Peritoneal (TREPP) technique in 2006, a pure posterior approach.

For my part I modified the TIPP technique in 2011 using Ugahary's dissection principles, the Minimal Open Pre Peritoneal (MOPP) technique was created.

It is only in recent years that the literature has provided data about TIPP, TREPP, MOPP, with comparisons with others techniques. Now the new route, preperitoneal, minimal open and minimal invasive has its place in the treatment of groin hernias!



F C. Usher



Lloyd Nyhus



Eugène Acquaviva



Jérôme Corti



Henri Fruchaud



René Stoppa, Jean Rives



Stoppa principle great prosthesis for the reinforcement of the visceral sac: GPRVS



Franz Ugahary



Edouard Pelissier



Alberto Louenco, Rui da Costa



Willem AKKERSDIJK
TREPP



Marc Soler



the specific instruments for MOPP

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