Pediatric Surgery International

Commentary

C. Festen and his colleagues have described a substantial experience with the Rehbein operation for Hirschsprung's disease. This operation is not commonly used in North America, but is employed extensively throughout Western Europe. My concern with this procedure is the inadequate removal of the aganglionic segment. Nevertheless, the European experience and results with the Rehbein procedure are quite similar to those achieved with the Swenson, Duhamel, and endorectal procedures. In last year's Symposium on Hirschsprung's disease in Pediatric Surgery International[1], recent experience with the Swenson, Duhamel, and endorectal pull-through techniques in the United States indicated that the overall results were quite similar and were good to excellent in over 90% of the patients. This compares with Dr. Festen's good results in 80% of his patients. However, Dr. Festen achieved good early results in only 50% of his children, whereas the North American experience was significantly better. It was the conclusion of that symposium that the most important factor in achieving good results with the various pull-throughs for Hirschsprung's disease was the experience of the surgeon. One main difference between Dr. Festen's series and those reported in the recent symposium is the significant requirement for postoperative anal sphincter dilatation (25 of his 51 patients). I believe this is probably related to the relatively long aganglionic segment left behind, which as I mentioned above is my main objection to the Rehbein procedure.

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[1] Pediatr Surg Int 1: 79–104.