

## Re: Malomo OO, Kuti O, Orji EO, Ogunniyi SO, Sule SS. A randomised controlled study of non-closure of peritoneum at caesarean section in a Nigerian population. Journal of Obstetrics and Gynaecology 2006; 26:429 – 432

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**LETTER TO THE EDITOR**

**Re: Malomo OO, Kuti O, Orji EO, Ogunniyi SO, Sule SS. A randomised controlled study of non-closure of peritoneum at caesarean section in a Nigerian population. *Journal of Obstetrics and Gynaecology* 2006; 26:429 – 432**

**C. ARMSTRONG & T. POWER**

*King Edward Memorial Hospital for Women, Subiaco, Australia*

**Dear Sir**

I was interested to read the study by O.O. Malomo et al. concerning the non-closure of the peritoneum at caesarean section. This study indeed confirms the findings of previous studies, which have demonstrated small increases in postoperative morbidity associated with closure of the peritoneum.

However, perhaps of greater importance in determining whether or not to close the peritoneum at caesarean section, is whether postoperative adhesions are increased following non-closure, as some studies have suggested (Lyell et al. 2005; Myers and Bennett 2005).

This is the question that needs to be clarified before the conclusion stated, that 'non-closure of the peritoneum

should be adopted at caesarean section', can be justified, and we believe that further studies are required to address this issue.

**References**

- Lyell DJ, Caughey AB, Hu E, Daniels K. 2005. Peritoneal closure at primary cesarean delivery and adhesions. *Obstetrics and Gynecology* 106:275–280.
- Myers SA, Bennett TL. 2005. Incidence of significant adhesions at repeat cesarean section and relationship to method of prior peritoneal closure. *Journal of Reproductive Medicine* 50:659–662.