Response: Authors' Reply to Adding Particulate or Non-Particulate Steroids to the Local Anesthetics When Performing Parasagittal Interlaminar Epidural Injections

We thank the Knezevic et al for their great interest in our published article and their compliments and comments(1). We also agree with authors that parasagittal interlaminar (PIL) approach is under presented in the literature and is not frequently differentiated from midline interlaminar epidural injections.

The authors have enquired regarding the differential efficacy of particulate versus non-particulate steroids. It must be mentioned here that both betamethasone and methylprednisolone are particulate steroids though the particle size of betamethasone is bit smaller (2). We agree with the authors of this letter that one of the reasons for the difference in our study results and previous studies conducted by Manchikanti et al could be because of the use of methylprednisolone versus betamethasone.

About the detail of analysis of ventral epidural spread, lateral images were taken to evaluate the ventral epidural space. Ventral spread was defined as present if contrast travelled along the posterior longitudinal ligament or abutted the posterior aspect of the contiguous vertebral body at the level of needle insertion (3,4). The detail was not included in the manuscript because of limited word count. Moreover, the possibility of better "wash-out" of inflammatory mediators because of the use of higher volume of injectate contributing to the efficacy cannot be ruled out in our study. However, no difference has been found between small and large volume of injectate of epidural steroids in lumbosacral pain using transforaminal techniques by earlier studies (5).

Babita Ghai, MD
Additional Professor
Department of Anaesthesia and
Intensive Care
PGIMER, Sector-12
Chandigarh, India-160012
E-mail: ghaibabita1@gmail.com

Dipika Bansal, MD
Assistant Professor
Department of Pharmacy Practice
National Institute of Pharmaceutical
Education and Research
S.A.S. Nagar (Mohali)-160062
Punjab, India
E-mail: dipikabansal079@gmail.com

Sarvdeep Singh Dhatt, MD
Department of Orthopaedics
Post Graduate Institute of Medical Education
and Research
Chandigarh, India

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