

## **Response to “Pulsed Radiofrequency of the Sacral Roots Improves the Success Rate of Superior Hypogastric Plexus Neurolysis in Controlling Pelvic and Perineal Cancer Pain”**

We read with great interest the article by Hetta et al. on combining Superior hypogastric plexus nerve block (SHPN) with pulsed radiofrequency (PRF) of the sacral nerve roots for pelvic and perineal cancer pain [1]. The authors postulated that PRF of the sacral nerve roots could block pain-firing through the sacral roots when there is extra-organ extension of the tumor or nerve injury due to surgical intervention for pelvic cancer. The results observed in this study are better pain relief at 1-2 months when SHPN along with PRF of sacral roots is done in combination rather than SHPN done alone.

However, we have some doubts for which we seek clarification.

In the demographic data, the SHPN +PRF group had more patients with locally advanced anal cancer (abdomino-perineal resection) and one patient of cancer prostate with pelvic deposits which may lead to increased perineal pain in this group. This may bias the results to a more favourable response in SHPN +PRF group.

We believe that it would have been better if data were provided separately for patients with pelvic and perineal pain because sacral roots PRF may be effective for perineal pain and not for pelvic pain. This can also lead to a better understanding regarding the effective use of sacral root PRF in combination with SHPN; whether it should be done in all cases of pelvic cancer pain or its use should be limited in cases causing perineal pain only.

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### **REFERENCES**

1. Hetta DF, Mohamed AA, Abdel Eman RM, Abd El Aal FA, Helal ME. Pulsed radiofrequency of the sacral roots improves the success rate of superior hypogastric plexus neurolysis in controlling pelvic and perineal cancer pain. *Pain Physician* 2020;23:149-157.