

RE: "A Prospective, Randomized Cross-Over Trial of T2 Paravertebral Block as a Sympathetic Block in Complex Regional Pain Syndrome (CRPS)"

TO THE EDITOR:

We read with great interest the article by Young Hoon Kim et al (1), which was informative and discusses a novel idea for the management of complex regional pain syndrome (CRPS) in patients. The authors report superior clinical outcomes including greater sympatholytic property, greater pain reduction immediately after the procedure, longer duration of effect, and a higher subjective patient satisfaction scores with T2 PVB compared to stellate ganglion blocks (SGB) (1). The authors believe that T2 PVB can achieve more profound sympatholysis of the upper extremities than SGB alone (1). We are of the opinion that T2 PVB simultaneously blocks the somatic nerves fibers (anterior and posterior ramus of the spinal intercostal nerves, brachial plexus, rami communicants of T2 and nearby levels, as the paravertebral space communicates medially with the epidural space and laterally with the intercostal space) (2) and thus could

contribute to the superior clinical outcome with T2 PVB over SGB and this needs to be highlighted in the discussion.

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REFERENCES

1. Kim YH, Kim SY, Lee YJ, et al. A prospective, randomized cross-over trial of t2 paravertebral block as a sympathetic block in complex regional pain syndrome. *Pain Physician* 2019; 22:E417-E424.
2. Drake RL. The back. In: Drake RL, Vogl AW, Mitchell AWM (eds). *Gray's Anatomy for students, 3rd edition*. Elsevier Science, Philadelphia 2015, pp 136-139.