

Letters to the Editor

Comments on Comparison of the Effectiveness of Ultrasound-Guided Versus Landmark-Guided Suprascapular Nerve Block in Chronic Shoulder Pain

TO THE EDITOR:

With great interest I read the article recently published in *Pain Physician* journal in the November 2020 issue entitled 'A Comparison of the Effectiveness of Ultrasound-Guided Versus Landmark-Guided Suprascapular Nerve Block in Chronic Shoulder Pain: A Prospective Randomized Study' by Saglam G (1). I want to congratulate the authors for their valuable contributions.

We agree that Suprascapular Nerve Block (SSNB) approaches applied by anatomic points can also be effective for the treatment of shoulder pain and it can be preferred when ultrasound (US) devices are not available. But we cannot negate the safety which the use of US offers. The chances of direct nerve injury and arterial puncture are minimal with the use of US for SSNB. Moreover, the identification of anatomic landmarks may be difficult in obese patients and depth of needle insertion may not be accurate. Additionally, pain physicians who are experienced in anatomic landmark-based technique may achieve equivocal efficacy with US technique, but for amateurs US guided technique is simple to learn, effective, and safe to perform. Also, it is prudent if authors elaborate upon the technique used for US-guided SSNB in terms of needle tip target point suprascapular notch or away from notch (2). The landmark guide (LMG) technique used by Dangoisse et al (3) is a superior approach in which it is not necessary to identify the notch.

Is the LMG technique used by authors of the present study superior approach or posterior approach? The pre-

vious studies have described modified techniques using computed tomography or fluoroscopy to increase the accuracy rates of needle placement and to decrease the risk of pneumothorax in SSNB (4,5). The incidence of complications like pneumothorax, direct nerve injury, and arterial puncture should have been mentioned in the present study. Also, If the short-term effect of nerve block using local anesthetics is not sufficient, pulsed radiofrequency (PRF) neuromodulation of suprascapular nerve under ultrasonography guidance is a safe, effective treatment modality for management of chronic shoulder pain (6). It may be fair to conclude that use of US has revolutionized the field of regional anesthesia and pain medicine, and we should use it for better understanding and patient safety. Though results of the present study indicate that US-guided SSNB does not potentially offer a significantly greater clinical improvement over landmark-guided SSNB in patients with chronic shoulder pain, in clinical practice the anatomic landmark technique is used by experienced physicians in the scenario of nonavailability of US only.

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