

In Response

To the Editor:

We appreciate this letter in response to our article about the comparison of landmark-guided (LMG) and ultrasound (US)-guided suprascapular nerve block (SSNB) in chronic shoulder pain. Thank you for the additional insights.

To clarify the US-guided SSNB performed in this study for our readers, the US transducer was moved to locate the suprascapular notch and was directed in-plane from the medial edge of the probe under the transverse ligament. Then, the needle was positioned in the notch around the nerve along with a superior approach.

We agree that factors such as obesity may impact the identification of anatomical landmarks as you mentioned (1). We observed that experience in musculoskeletal US offers a better localization when performing blind injections on the shoulder region. Moreover, the scapular spine and inferior angle of the scapula may be considered quite clear anatomical landmark points for most of the patients. We also agree that pulsed radio-frequency neuromodulation of the suprascapular nerve with US is another appropriate procedure for the management of chronic shoulder pain. However, we aimed to investigate and compare the outcomes and complications following LMG and US-guided SSNB rather than to describe treatment strategies for chronic shoulder pain.

US is an important noninvasive imaging tool for pain management that provides a real-time image of target tissues. Aspiration before injection may help to

double-check needle positioning in blind approaches, while US guidance minimalizes the risk of direct nerve injury, arterial puncture during nerve blockade, and diminishes the risk of damaging the surrounding structures. Image-guided injections are also recommended to improve the accuracy of the intervention (2). However, local injections for pain relief are often performed palpation or LMG using surface anatomic landmarks in daily clinical practice and some of the physicians working in this field do not have the advantage of US guidance (3). Since a steroid injection into the same joint more than once every 3 months is not advised, SSNB should be regarded as an alternative, effective first-line approach to several pathologies around the shoulder (4). We want to underline that physicians should not avoid this valuable treatment option in the absence of US devices.

We appreciate these constructive criticisms that will be a pathfinder for our further studies. Multicenter prospective studies should be conducted to confirm the outcomes after different SSNB techniques.

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