

## Letters to the Editor

# Comments on Role of Repeated Paravertebral Injection in the Prevention of Post Herpetic Neuralgia

### TO THE EDITOR:

With great interest, I read the article recently published in Pain Physician journal in the November 2020 issue entitled "The Effect of Repeated Paravertebral Injections with Local Anesthetics and Steroids on Prevention of Post-herpetic Neuralgia (PHN)" (1). I want to congratulate the authors for their valuable contribution.

There are certain points on which I would like to seek further clarification. Firstly, patients who are predisposed to herpes zoster include the elderly population, those having certain comorbidities like diabetes mellitus or certain diseases that weaken the immune system (i.e., HIV/AIDS and cancer), those undergoing radiation or chemotherapy, and those taking immunosuppressant drugs (i.e., prolonged use of steroids). However, authors have excluded all these patients. So, will the study draw a fair conclusion if patient population included is different from those as described in the natural history of herpes zoster (2).

Secondly, though both groups were comparable in terms of severity of lesions classified as mild, moderate, and severe, does severity of lesions bear a correlation with the visual analog scale (VAS) of pain experienced? Also, is it fair to conclude that the number of paravertebral injections that should be given have no direct correlation to the severity of lesions.

Thirdly, the primary outcome was incidence of PHN in both groups, which was found to be comparable, however no comparison was made with patients who did not receive any intervention. So, the results on the incidence of PHN in patients not receiving paravertebral block is not available.

Lastly, placement of paravertebral injection in prone position under fluoroscopy guidance is techni-

cally difficult. If authors encountered any such difficulty it will be prudent to mention.

On the other hand, the novel technique of Erector Spinae plane block under Ultrasound guidance first described by Forero et al (3) is easier to perform and requires less logistics and provides optimum pain relief. The diffusion of local anesthetic was observed in the paravertebral and intercostal spaces resulting in block of thoracic spinal nerves.

Another advantage of an ESP block is the lower risk potential of complications, such as nerve damage, pleural puncture, or vessel puncture than alternatives paravertebral or intercostal nerve blocks (4). It will be of practical importance if authors could explain did paravertebral blocks held any advantage over Erector Spinae blocks in their experience.

Even if Paravertebral injection is planned whether single injection will be as efficacious as repeat injections and if not, how many times do we need to repeat the injection for lowest incidence of PHN. We do understand the limitations of this study. All clarifications sought are for better understanding and learning purposes.

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