

Comments on “Treatment and Management of Twelfth Rib Syndrome: A Best Practices Comprehensive Review”

TO THE EDITOR:

We read the article titled ‘Treatment and Management of Twelfth Rib Syndrome: A Best Practices Comprehensive Review’ with great interest (1). The authors have described in detail the management of 12th rib syndrome, which has not been studied such extensively previously. Painful rib syndrome should be remembered as a possible cause of visceral and loin pain (1). Rapid diagnosis and treatment can drastically improve a patient’s quality of life (2).

Twelfth rib does not attach anteriorly to the subcostal cartilage, and are therefore “free” at their cartilaginous ends. They do have one bony attachment posteriorly via a single articular facet at the 12th thoracic vertebral body (1). The 11th and 12th ribs are free at their cartilaginous ends and are termed as vertebral or floating ribs (3).

The author states “In cases that are refractory to conservative treatment, an intercostal nerve block at

the costochondral junction of the 12th rib with local anesthetic and long-acting steroid has shown to be successful with immediate pain relief (1).” We seek clarification from the authors regarding the exact location for performing the intercostal block, as in the case of 12th rib there is no costochondral junction.

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REFERENCES

1. Urits I, Noor N, Fackler N, et al. Treatment and management of twelfth rib syndrome: A best practices comprehensive review. *Pain Physician* 2021; 24:E45-E50.
2. Kumar R, Ganghi R, Rana V, Bose M. The painful rib syndrome. *Indian J Anaesth* 2013; 57:311.
3. Fam AG, Smythe HA. Musculoskeletal chest wall pain. *CMAJ* 1985; 133:379.