

RE: "Can Additional Facet Joint Block Improve the Clinical Outcome of Kyphoplasty for Acute Osteoporotic Vertebral Compression Fractures?"

TO THE EDITOR:

We read your article titled "Can Additional Facet Joint Block Improve the Clinical Outcome of Kyphoplasty for Acute Osteoporotic Vertebral Compression Fractures?"(1) with great interest. The authors have described in detail about the management of Acute osteoporotic vertebral compression fractures (OVCFs) with percutaneous kyphoplasty (PKP) (1). Approximately 86% of patients showed pain relief after kyphoplasty. Multiple factors may be involved in residual back pain after vertebroplasty in patients with acute OVCFs therefore facet joints should not be overlooked as a cause of secondary back pain. That is why the addition of a facet joint block (FJB) relieved the pain arising from the posterior elements, resulting in a better clinical outcome following kyphoplasty. FJB was administered in bilateral facet joints of the fractured vertebral body. A mixture of prednisolone (125 mg: 5 mL), ropivacaine (3 mL: 37.5 mg), vitamin B12 (4 mL: 1 mg), and saline solution (0.9%, 4 mL) was utilized to perform the FJB (total 16 mL). The mixture (1 mL) was injected into the bilateral facet joint space. The remaining mixture was divided into 2 parts for injections around the bilateral facet joint capsule with different segments attached to execute the effective nerve block of the medial branch of the spinal dorsal ramus (1).

Cohen et al (2) described how each facet joint contains a distinct joint space capable of accommodating between 1 and 1.5 mL of fluid. Fairbank et al (3) injected 0.5 mL bupivacaine to conduct intraarticular facet block.

We would appreciate if the authors could justify the injection of the 16 mL mixture for performing the facet joint block, which comes to around 8 mL at each facet joint (1 mL intraarticular + 7 mL extraarticular). We feel that the volume injected at each facet is extremely high and uncalled for. Further we would have appreciated if facet joint injection one level above and below the effected facet with reduced volumes could have been rewarding and safe.

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