

Analgesia Drugs are the Fundamental Treatment for Herpes Zoster-related Pain

TO THE EDITOR:

After intensively reading the recent article "Association between the Risk of Relapse and the Type of Surgical Procedure for Herpes Zoster-related Pain" written by Ge Luo et al (1), we were so agreeable to see the conclusion that CT-guided Radiofrequency thermocoagulation (RF-TC) reduced the short-term recurrence rate, but had a higher incidence of adverse events and more severe symptoms in the treatment of herpes zoster-related pain.

In the article, patients with herpes zoster-related pain were treated with pulsed radiofrequency (PRF) and RF-TC, respectively. However, there were various guidelines and expert consensus suggested that analgesia drugs were the fundamental treatment for herpes zoster-related pain (2). In this study the included patients with moderate to severe pain (numerical rating scale scores > 4) were divided into group PRF and group RF-TC. Throughout the trial, the use of analgesic drugs such as pregabalin was not mentioned in either group, nor was the use of rescue analgesics in patients with increased pain. In contrast, most of the previous

studies on PRF or RF-TC have used pregabalin as the base drug. Therefore, we do not recommend that studies of minimally invasive interventions for patients with herpes zoster-related pain have no analgesic drugs at all. Rather, patients with herpes zoster-related pain should be treated with analgesic drugs (e.g., pregabalin, gabapentin) in combination with minimally invasive interventions (e.g., PRF or RF-TC).

Ling Sang, MS

Department of Pain Management, Sichuan University West China Hospital, Chengdu, Sichuan Province, China

E-mail: 1245051157@qq.com

Li Song, MD

Department of Pain Management, Sichuan University West China Hospital, Chengdu, Sichuan Province, China

E-mail: song_li76@163.com

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