

## Comments on “Comparison Between Two Volumes of 70% Alcohol in Single Injection Ultrasound-Guided Celiac Plexus Neurolysis”

### TO THE EDITOR:

We read with great interest the article by Mohamed E et al concerning the two volumes of 70% alcohol in single injection ultrasound-guided celiac plexus neurolysis (1). The study showed when ultrasound-guided celiac plexus neurolysis was used to treat patients with upper abdominal cancer who could not be treated surgically, 20 mL of celiac plexus neurolysis had the same effect as 40 mL of 70% alcohol on pain control, opioid consumption, quality of life and surgery related complications.

However, for this article, we still have some doubts.

First, to reduce selection bias, the study did not mention whether the operator is the same experienced doctor or several doctors.

Second, it was mentioned in the study that if the patient showed an improvement in pain intensity, defined as a reduction of  $\geq 50\%$  compared with the baseline, the patient was considered to be responsive, and the head nurse opened his envelope to understand the grouping allocation of alcohol neurolysis. However, was this method too one-sided for judging whether the puncture needle has reached the correct position? Usually, the should be given first, and then the local anesthetic should be given after confirming the diffusion is satisfactory, then the 70% alcohol should be given according to the patient's reaction (2).

Third, the authors mentioned the reasons for choosing ultrasound, including the real time monitoring, the more comfortable supine position, and

no needle related complications. But compared with ultrasound, computed tomography (CT) had higher anatomical resolution, especially in patients with high body mass index (3). Moreover, ultrasound is greatly disturbed by gas. Under CT guidance, it does not need to pass through liver, stomach, intestine and other tissues, and the damage is less. In recent years, many studies had shown that CT guidance is a safer and effective method for celiac plexus neurolysis treatment (4).

Finally, the study used central block instead of bilateral block. Archana Dolly et al found that bilateral celiac plexus block under the guidance of C-arm could reduce and improve quality of life, which was most effective when 40 mL of 70% alcohol was used (5). But now the techniques of bilateral celiac plexus block are administered in endoscopic ultrasound (6), CT and C-arm, but not in percutaneous ultrasound, which may be worth further discussion.

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