

Letters to the Editor

Comments on “Comparison of Thoracic Erector Spinae Plane With Thoracic Paravertebral Block for Pain Management in Patients With Unilateral Multiple Fractured Ribs”

TO THE EDITOR:

We read with great interest by Elawamy et al (1) concerning the effectiveness of thoracic erector spinae block and thoracic paravertebral block in the control of pain in unilateral multiple rib fractures. We thank the author for his efforts. There are some questions I would like to discuss.

First, the objective was to compare the analgesic efficacy and safety of ultrasound-guided ESPB and ultrasound-guided thoracic paravertebral block (TPVB) in the treatment of patients with unilateral multiple rib fractures. According to the results of the study, the analgesic effect of the 2 groups was obvious, but in terms of safety, the sample size might be small, the follow-up time was short, and the relevant results of the final pulmonary complications and prognosis were not shown.

Second, the optimal volume of ESPB had always been controversial. Based on anatomy and imageology, the volume of thoracic ESPB was suggested to be 3.3-3.5 mL/segment, whereas the volume of the blocking drug was 0.3 mL/kg. Was it too large?

At the same time, according to the mechanism of ESPB and TPVB, 0.5% bupivacaine was used for the

block. I wondered, considering the motor nerve block on the lung function, low concentration of ropivacaine could be considered because of its separation of sensory and motor functions, which could better preserve motor function and provide effective analgesia (2).

Finally, multiple rib fractures might accompany hemothorax requiring the placement of a closed thoracic drainage tube. And drainage tube was one of the most important factors causing pain, which was not mentioned in this article. Moreover, there was no relevant subgroup analysis.

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