Comment on "Efficacy Analysis of Temporary Spinal Cord Stimulation in the Treatment of Refractory Postherpetic Neuralgia"

To the Editor:

We recently read with great interest by Li et al (1) on the article "Efficacy Analysis of Temporary Spinal Cord Stimulation in the Treatment of Refractory Postherpetic Neuralgia." We would like to express my gratitude to the author for providing clinical evidence for effectively controlling refractory postherpetic neuralgia.

Some studies had suggested the effectiveness and safety of short-term spinal electrical stimulation in treating herpes zoster-related neuropathic pain (2,3). We reviewed the 36 successful short-term spinal electrical stimulation implantations performed at our hospital from January 2022 to June 2023. The pain of most patients was effectively controlled before and after the procedure, and the pain relief was more obvious in patients with disease course less than 3 months. This is consistent with the results of Huang et al (2). At the same time, we examined the quality of life score and the emotional state of the patients at admission through the concise pain scale and the self-made Huaxi emotional-distress index of our hospital (4). It was found that 69.4% of the patients might be complicated by anxiety and depression, and all of them affected daily life to varying degrees (Table 1). It seemed that the article did not assess the negative emotional aspects of the patients. In the patients with chronic refractory postherpetic neuralgia included in this article, although serious emotional disorders were excluded, it was also very important to fully understand the significance of negative emotions.

It seemed that the authors did mention the combination of other neuroregulatory techniques or nerve blocks during this hospitalization, except for the inclusion of short-course electrospinal cord stimulation implantation and oral analgesics. In order to avoid adverse emotional reactions and physical discomfort caused by severe pain associated with shingles in our hospital, peripheral nerve block or radiofrequency regulation were performed in some patients after relevant contraindications were excluded, so as to more fully control the pain and take remedial measures for possible spinal cord electrode displacement. For refractory PHN, which is often complicated by advanced age, site-specific herpes, diabetes, or other autoimmune diseases, more efforts are often required to adequately cover the painful area with electrical spinal cord stimu-

Table 1. *General characteristics of the patients (n = 36).*

Patients	n = 36
Gender	
Female	13 (36.1%)
Male	23 (63.9%)
Age	66.9 (10.4)
BMI	23.8 (3.53)
Course of disease < 3 months	28 (77.8%)
Huaxi emotional-distress index	25 (69.4%)
Brief Pain Inventory (admission)	
Worst pain score	7.28 (1.41)
Least pain score	2.86 (1.57)
Average pain score	4.97 (1.28)
General activity	5.64 (2.42)
Mood	4.64 (2.71)
Walking ability	3.22 (2.92)
Work	5.14 (2.63)
Relation with others	2.67 (2.98)
Sleep	6.31 (1.72)
Enjoyment of life	4.50 (2.87)
Opioid	14 (60.9%)
Compound therapy**	19 (52.8%)
Brief Pain Inventory(discharged)	
Worst pain score	4.11 (2.35)
Least pain score	1.50 (1.58)
Average pain score	2.75 (1.66)
General activity	2.81 (2.25)
Mood	1.92 (1.93)
Walking ability	2.06 (1.85)
Work	2.31 (2.01)
Relation with others	1.28 (1.73)
Sleep	2.56 (2.45)
Enjoyment of life	2.14 (2.33)

*The data is represented as n (%) or Mean (SD).
**Compound therapy: In addition to tSCS, other treatments such as radiofrequency modulation/lidocaine infusion were received during hospitalization.

lation. In addition, these patients may suffer from pain in the area of invaded nerve endings, so supplementing peripheral nerve radiofrequency regulation or thermocoagulation, or spinal nerve root electrical stimulation may be a good option, and more research is needed in this area.

Hui Li, MD
Department of Pain Management, West China Hospital, Sichuan University, Chengdu, Sichuan Province, P. R. China

XiaoDong Liu, MD
Anesthesia Surgery Center, The Traditional Chinese Medicine Hospital of Longquanyi, Chengdu, Sichuan Province, P. R. China

Ling Ye, MD
Department of Pain Management, West China Hospital, Sichuan University, Chengdu, Sichuan Province, P. R. China; Department of Pain Management, West China Tianfu Hospital, Sichuan University, Chengdu, Sichuan Province, P. R. China
E-mail: zerodq_hx@163.com

References

1. Li X, Wang Y, Chen K, Zou D. Efficacy analysis of temporary spinal cord stimulation in the treatment of refractory postherpetic neuralgia. *Pain Physician* 2024; 27:E715-E724.
2. Huang J, Yang S, Yang J, et al. Early treatment with temporary spinal cord stimulation effectively prevents development of postherpetic neuralgia. *Pain Physician* 2020; 23:E219-E230.
3. Kapural L, Yu C, Doust, MW, et al. Novel 10-kHz high-frequency therapy (HF10 therapy) is superior to traditional low-frequency spinal cord stimulation for the treatment of chronic back and leg pain: The SENZA-RCT randomized controlled trial. *Anesthesiology* 2015; 123:851-860.
4. Wang J, Guo W-J, Zhang L, et al. The development and validation of Huaxi emotional-distress index (HEI): A Chinese questionnaire for screening depression and anxiety in non-psychiatric clinical settings. *Compr Psychiatry* 2017; 76:87-97.