

Letters to the Editor

e Comment on “Short-Term Supraorbital Nerve Stimulation and Pain Relief for Acute and Subacute Ophthalmic Herpetic Neuralgia: A Randomized Controlled Crossover Trial”

TO THE EDITOR:

We read with great interest by Yan et al (1) on the article “Short-term supraorbital nerve stimulation and pain relief for acute and subacute ophthalmic herpetic neuralgia: A randomized controlled crossover trial.” We are grateful to the authors for proposing the use of short-term supraorbital nerve stimulation to treat acute and subacute pain, thereby preventing acute and subacute pain from developing into postherpetic neuralgia. Furthermore, we would like to discuss some questions with the authors.

If the pain caused by acute zoster is not alleviated promptly and effectively, the patients’ quality of life and the social burden are huge (2). It is well known that radiofrequency modulation of nerves is commonly used clinically as a treatment for chronic pain. In this paper, short-term nerve stimulation with a period of 10 days was used. The basis for determining the period seems to be open to discussion. The SNB group was treated once a day, while the SNS treatment was continuous, which may be one of the reasons why the article failed to achieve the blind method.

We would like to share a case of an 83-year-old elderly man diagnosed with acute ocular zoster complicated with Hunt syndrome (Fig. 1). The patient was admitted to the outpatient department of our hospital and given oral anticonvulsant drug Gabapentin 0.3 mg 3 times a day and antiviral drug fosmonate sodium 3 grams once a day. At the same time, an ultrasound-guided supraorbital nerve block was performed on the affected side. The next day, computed tomography-guided injection of analgesic fluid was performed through the foramen semilunar ganglion (Figs. 2-4). For the patients with peripheral facial paralysis and ear pain caused by Hunt syndrome, we combined with traditional Chinese medicine to acupuncture Yangbai, Sibai, Zhuzhu, Xiaguan, Zhaliao, Juliao, Dicang Toujiache, Hegu, Zusanli, Fengchi, Yifeng and other acupoints. The patient’s head and facial neuralgia were significantly relieved, and no



Fig.1. *Herpes zoster skin lesions distribution area.*

ocular complications were observed during the treatment and follow-up. Facial paralysis was basically cured, and the treatment effect was satisfactory after 6 months’ follow-up after the discharge.

Periganglion injection is an important procedure to treat herpes zoster neuralgia, which can quickly relieve pain, inhibit explosive pain in the short term, reduce complications caused by herpes zoster, and reduce the incidence of postherpetic neuralgia. It is a safe and effective treatment for this disease. For the



Fig.3. The puncture needle is guided to the target position by CT.



Fig.2. With the Hartel approach, the tube was tilted at 15°, and the location of the ovale foramen was determined and the puncture path was determined under the guidance of CT.

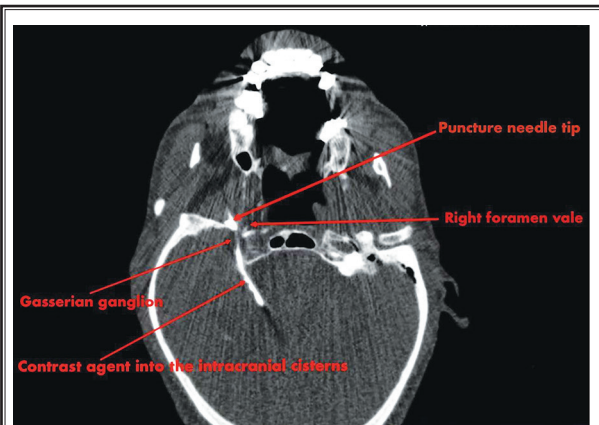


Fig. 4. 0.5 mL of contrast agent was injected with a puncture needle, and the contrast agent was diffused into the skull through the medullary cisterna at the opening of foramen ovale; Analgesic formula: Lidocaine 0.5 mL + Ropivacaine 0.5 mL + methylprednisolone 1 mL/40 mg.

intractable disease of ocular zoster complicated with Hunt syndrome, in order to control pain more effectively and avoid the development of PHN, besides conventional treatment, injection of the semilunar ganglion combined with acupuncture of traditional Chinese medicine can be a feasible treatment, but more clinical evidence is needed.

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2. Liesegang TJ. Diagnosis and therapy of herpes zoster ophthalmicus. *Ophthalmology* 1991; 98:1216-1229.