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Long-lasting pain relief with interfascial plane blocks: Key role of opening interfascial adhesions

Mürsel Ekinci¹, Bahadır Ciftci¹, Hacı Ahmet Alici², Ali Ahiskalioglu^{3,4}

1: Medipol University Faculty of Medicine, Department of Anesthesiology, Istanbul, Turkey.

2: Medipol University Faculty of Medicine, Department of Algology, Istanbul, Turkey

3: Ataturk University School of Medicine, Department of Anesthesiology and Reanimation, Erzurum, Turkey

4: Clinical Research, Development and Design Application and Research Center, Ataturk University School of Medicine, 25240, Erzurum, Turkey

Corresponding Author:

Ciftci, Bahadır, MD

Assist. Prof. of Anesthesia, Istanbul Medipol University School of Medicine, Department of Anesthesiology and Reanimation

Address: Istanbul Medipol University Hospital Department of Anesthesiology and Reanimation

34040, Bagcilar/Istanbul/ TURKEY

Phone:+ 90 532 503 44 28

bciftci@medipol.edu.tr

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Running title: Long-lasting pain relief with RIB

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- Letter to the Editor -

Dear Editor,

We have read with great interest and carefully the correspondence by Piraccini et al. [1] as an answer to our case who had myofascial pain syndrome (MPS) and was performed rhomboid intercostal block (RIB) in our clinic [2].

We thank the authors for their valuable comments and opinions. Their article's contribution may be a new way for both diagnosis and treatment of MPS due to fascial adhesion. Here, we want to share our patient's long-lasting pain relief results to provide additional information in this field.

RIB is a novel interfascial block, and recently it has been used to treat MPS [2,3]. MPS is a chronic disease; some cases may be resistant to treatment. MPS may be a primary or secondary condition for another reason [1,2]. In seconder cases such as our patient, interfascial plane blocks may be a good alternative for treatment. Here, a question comes into mind, short term relief, or long term relief? For now, to the best of our knowledge, the case reports in the literature define short-term relief in the usage of the fascial plane block for MPS [3–5]. Like our case, Piraccini and Maitan [3] performed RIB for a female patient who has fascial adhesion and reported successful results, but we don't know the long-term outcomes. Similarly, Piraccini et al. [4] performed erector spinae plane block (ESPB) for MPS. Still, the authors emphasize that ESPB provided short-term relief, and fascial plane blocks should be combined with physical therapy.

In our case, we performed RIB with a dose of 20 ml of 0.25% bupivacaine with 8 mg of dexamethasone [2]. Then we followed him for four weeks. For the first two weeks, we prescribed 25 mg of oral dexketoprofen and 8 mg of thiocolchicoside. We still follow up the patient. After the

four weeks of observation, he came to the control examination once a month. He did not suffer from MPS again in the last 6 months period, he used no extra analgesic drug, and he did not undergo physical therapy. He continues his work and daily activities. Our case maybe had fascial adhesion. Because, he recovered with fascial hydro-dissection and bupivacaine with 8 mg of dexamethasone, and in this way, long-term relief has been provided. Chronic pain is quite complicated; interfascial adhesions may play a key role in this complexity. We aimed to treat the pain with several steps of pain mechanism by using hydro-dissection.

The usage of fascial plane blocks for MPS is a novel field. There is a lack of information for long-term results in the literature. Further studies and larger case-series are needed for this issue.

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